

NURSING 1970: ROLE AND JOB SATISFACTION AMONG
REGISTERED NURSES IN DES MOINES
HOSPITALS

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Lucille Grosser Gutenkauf
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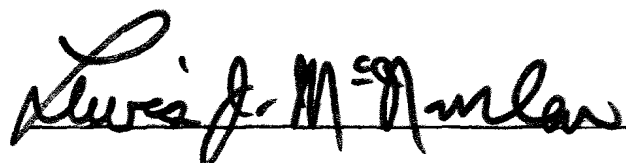
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Approved by Committee:


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CHAPTER I

INTRODUCTION

The development of nursing through the ages has consistently followed recognized social needs. World War II accented certain trends and postwar demands upon the nursing profession in addition to those continuing from the past. These came from three important sources: (1) the needs of veterans, (2) the burgeoning of health provisions under the social security program, and (3) the increase of specialized nursing services.¹ More recently, the growth of voluntary health insurance (not only in numbers of people but in comprehensiveness of coverage), provided as a fringe benefit in labor-management wage negotiations or purchased outright by a more affluent population, has contributed to the increasing discrepancy between supply and demand for registered nurses. The number of employed registered nurses more than doubled in the period from 1949 to 1966, from 299,000 to 613,000. However, an increasing proportion of these nurses work only part-time and the Division of the Public Health Service estimates that one million nurses will be needed by 1975.²

¹Gladys Sellev and Sister M. Ethelreda Ebel, A History of Nursing, (St. Louis: The C. V. Mosby Company, 1955) p. 359.

²Eleanor D. Marshall and Evelyn B. Moses, R.N.s. 1966, (American Nurses' Association, 1969), p. 15.

I. STATEMENT OF THE PROBLEM

Introduction. With the increased demand for health care, nurses have become more important than ever within the hospital structure. The fact that health manpower shortages do exist is well documented in nursing journals,¹ hospital administration literature² and discussions with physicians and hospital administrators. However, the personnel shortage may not entirely be due to gross insufficiency of numbers. The nurse's satisfaction with her role and/or job may also help determine whether or not a nurse remains in hospital work. Thus, it was felt that a survey of the attitudes of nurses toward themselves, their profession, the hospital they work in, and the people they work with, might shed some light on the shortage problem.

The problem. The problem in this study was to explore and identify the complex of attitudes and perceptions which are significantly related to role and job satisfaction of registered nurses in the six Des Moines general hospitals.

¹Facts About Nursing (New York: American Nurses' Association, 1968), p. 7; and "National Commission for the Study of Nursing and Nursing Education," American Journal of Nursing, LXX (February, 1970), pp. 279-296.

²Addison C. Bennett, "Keeping the Good People We Have," Hospital Topics, XLVII (February, 1969), pp. 31-35; and John L. Miller, "Is There a Nurse Shortage?" Nursing Homes, XVII (August, 1969), p. 18-29.

The study focused on the following questions as they related to role and job satisfaction. The specific and general questions under the heading "role satisfaction" were related to the following:

1. What positive and negative aspects of nursing contribute the most and which constitute the greatest drawbacks to role satisfaction?
2. What do nurses think of their profession?

Job satisfaction included the following:

1. Do nurses perceive their salary as a fair one?
2. Do nurses feel there is opportunity for advancement in their hospital?
3. What is the quality of interpersonal relations with co-workers?
4. Do nurses feel their co-workers are competent?
5. Do nurses perceive personnel policies as reflecting concern for them?

The following sets down the operational definitions of the problem. For the purposes of this study, role satisfaction was operationally defined as the positive answers to specified questions with the exception of item 54 to which a "no" response is appropriate. Likewise, job satisfaction was operationally defined as the positive responses to specified questions with the exception of items 44, 47, 48 and 49 to which a "no" reply is appropriate. The questions are numbered as they appear on the questionnaire in the Appendix.

Role Satisfaction

1. Positive and negative aspects of nursing. These questions aim at identifying aspects of nursing which are perceived as salient features in role satisfaction and those which are the least desirable.

No. 57. All things considered, what would you say is the single best thing about being a hospital nurse?

No. 58. All things considered, what would you say is the single worst thing about being a hospital nurse?

2. Evaluation of profession. These questions were to investigate the perceived quality of professional loyalty of hospital nurses.

No. 50. Do you think it takes more, about the same, or less intelligence to be a nurse than a teacher?

No. 51. Do you think it takes more, about the same, or less intelligence to be a nurse than a social worker?

No. 52. Who do you think has the higher status (prestige, respect) in the community, a nurse or a teacher?

No. 53. Who do you think has the higher status (prestige, respect) in the community, a nurse or a social worker?

No. 54. Do you feel the new trend towards the baccalaureate (B.S.) program produces a better nurse?

No. 55. Would you encourage your daughter, a relative, or a good friend to become a nurse?

No. 56. Why did you decide to become a nurse?

No. 59. If it were up to you, what changes would you make in nursing education?

No. 60. If it were up to you, what changes would you make in nursing practice?

No. 61. If you could have your way, what would you most like to be doing in about 5 years from now?

No. 62. Knowing what you know now, if you had it to do over again, would you still desire to enter the nursing profession?

Job Satisfaction

1. Salary. These questions aim at identifying the nurses' perception of the fairness of their salary.

No. 63. What is your "take home" pay per month?

No. 64. Do you think this is a fair salary?

2. Mobility. The following questions were devised to examine the nurses' perception of their opportunities for advancement.

No. 23. Would you like to hold a higher ranking job, or are you satisfied with your present level of responsibility?

No. 24. In your hospital, is it possible for you to move into a higher ranking job?

3. Interpersonal relations. The following questions were devised to learn something about the perceived quality of interpersonal relations with co-workers.

No. 29. Do you think the morale on your ward is excellent, good, average, or poor?

No. 30. Do you feel that there is good communication between the nurses and the administration?

No. 31. Do you feel that there is good communication between the nurses and the nursing office?

No. 38. Are the doctors in your hospital pleasant and reasonable to work with: all of them, most of them, half of them, a few of them, or none of them?

- No. 39. Do doctors offer constructive criticism if a nurse makes a mistake: all of them, most of them, half of them, a few of them, or none of them?
- No. 41. Do you feel that your immediate supervisor is fair and pleasant to work with: all of the time, most of the time, some of the time, rarely, or never?

4. Competence of co-workers. These questions investigated the extent to which the nurses feel that they are members of a highly qualified and competent health team.

- No. 27. Do you think nursing care on your ward is: very good, good, adequate, inadequate, or poor?
- No. 28. Do you feel that the aides and orderlies are adequately trained in your hospital?
- No. 37. Do you feel that the doctors in your hospital are competent: all of them, most of them, half of them, a few of them, or none of them?
- No. 49. Do you feel that practical nurses should be given more responsibility?

5. Evaluation of hospital. These questions were directed at the nurses's perception of the status of the hospital in which she works and her attitudes toward her present employment.

- No. 22. Which of the following most nearly describes your present employment situation: strongly like my present job, like my present job, neither like nor dislike my present job, or strongly dislike my present job?
- No. 29. Do you think your hospital is well equipped and maintained?
- No. 34. In comparison with other hospitals in this area, how would you rate the hospital in which you work: excellent, good, adequate, fair, or poor?

- No. 35. Do you feel that Des Moines hospitals offer the same opportunities as hospitals elsewhere?
- No. 36. Why did you choose this hospital to work in?
- No. 47. Do you feel that you have adequate staffing for your shift (L.P.N.s, R.N.s, and Aides): all of the time, most of the time, some of the time, rarely, or never?

6. Personnel policies. These questions were aimed at identifying the nurses' perception of prevailing personnel policies.

- No. 32. Do you feel that the nursing office is concerned for the nurses' individual circumstances in regard to vacation time and working hours: all of the time, most of the time, half of the time, occasionally, or never?
- No. 40. Do you feel that doctors shift too much responsibility on the nurse: all of them, most of them, half of them, a few of them, or none of them?
- No. 42. When you were first employed at this hospital were your duties and responsibilities clearly explained to you?
- No. 43. Were conditions of work, salary, hours of work, other benefits, etc. clearly explained to you?
- No. 44. Have working conditions, hours or place of work been changed in a way which you dislike, or is it different than promised you originally?
- No. 46. Do you feel that suggestions you make are given fair and thoughtful consideration and are implemented: all of the time, most of the time, some of the time, rarely, or never?
- No. 48. Do you feel that you should have more responsibility and freedom in making decisions on your job?

Purpose. The purpose of this study was to identify the attitudes and perceptions of registered nurses in the six Des Moines general hospitals, using an instrument designed to

measure role and job satisfaction. It is hoped that this study can provide insight into the complexities of job and role satisfaction as well as provide hospital administrators with useful information in their constant struggle to adequately staff their hospitals.

Limitations of the study. The research design of the study was exploratory. A survey instrument was designed and mailed to registered nurses from the six Des Moines general hospitals after a 30 percent (242) random sample was drawn from a population of 813. The reliability of the survey results is dependent upon the perceptivity of the nurses and/or their willingness to complete the questionnaire, as well as the over-all construction of the instrument. An effort to test the validity of the survey instrument was made, however, through a pre-test involving six registered nurses. These nurses, representative of the six general hospitals, but not in the sample, completed and discussed the survey forms with the writer, and contributed many valuable suggestions for adding, revising, and eliminating specific questionnaire items.

The writer collected information from the six general hospitals regarding the number of full-time and part-time nurses currently employed with the hope of measuring the ratio of beds per nurse on an average single shift. It was judged not useful to do this because this number is augmented with varying proportions of auxiliary health workers such as the

licensed practical nurses and aides who contribute a sizeable amount of nursing care. Therefore, the use of the ratio of beds per registered nurse would not present an accurate picture.

The length of the questionnaire (7 pages) may have militated against an even higher return rate from the sample population; however the obtained return of 70 percent was thought to be enough to assume a fairly high degree of reliability for the data.

II. DEFINITIONS OF THE TERMS USED

Registered nurse. A person licensed to practice in the United States "through graduation from a state-approved program and subsequent satisfactory completion of a written examination administered by a state board of nursing."¹

General hospital. A social structure which provides institutionalized care for patients requiring medical, surgical, obstetrical or pediatric treatment. Hospitals vary according to (1) type of service (general, psychiatric, or communicable disease), (2) type of control (voluntary non-profit, church, city or county, state, federal and private proprietary), (3) size of hospital (small--under 100 beds, moderate--between 100 and 300 beds, large--over 300 beds, (4) location (rural or urban), (5) affiliations with schools

¹Marshall, op. cit., p. 1.

of nursing (school connected hospitals or hospitals without schools of nursing).¹

Attitude. Selltitz et al referred to the numerous definitions of the term "attitude" which were available to the researcher:

One may include in his definition of attitude various aspects, for example: beliefs about the nature of an object, person, or group; evaluations of it; tendencies to behave toward it in a certain way; views about appropriate policy with respect to it. One may also include in his definition such other characteristics of an attitude as the salience of the object for the individual, the extent of differentiation in his view of the object, his time perspective with reference to it, etc.²

The definition of attitude employed in this study refers to evaluations of it. More specifically, it is how the individual feels about her job and/or role and whether she likes or dislikes her job and/or role.

Status. Linton's definition of status was used in this study. He defines it as "the place in a particular system which a certain individual occupies at a particular time."³

¹Otto Pollak, et al., "Pennsylvania Pilot Study of Nursing Functions," Nursing Research, II (June, 1953), p. 16.

²Claire Selltitz et al., Research Methods in Social Relations (New York: Holt, Rinehart, and Winston, 1965, revised edition), p. 146.

³Ralph Linton, The Cultural Background of Personality (New York: Appleton-Century-Crofts, Inc., 1945), p. 76.

Role. Since role theory will be pertinent to the study, a review of the literature will appear later. For the present, the concept as applied to the hospital situation will be defined as:

the cluster of functions that come to be expected of a given class of workers within positions that they typically occupy in the organizations or social systems in which they work.¹

Role satisfaction. Since role satisfaction is a construct, it was defined operationally by an instrument which was used to assess the following dimensions: (1) positive and negative aspects of nursing, and (2) evaluation of profession.

Job satisfaction. Job satisfaction, likewise a construct, was defined by an instrument which was used to assess the following dimensions: (1) salary, (2) mobility, (3) interpersonal relations, (4) competence of co-workers, (5) evaluation of hospital, and (6) personnel policies.

In summary, role satisfaction and job satisfaction of registered nurses in the six Des Moines general hospitals were explored to determine if they had any effect on the shortage of hospital personnel.

Related literature and research is reviewed in Chapter II. The design of the study which includes the selection of

Kenneth D. Benne and Warren Bennis, "Role Confusion and Conflict in Nursing: The Role of the Professional Nurse," American Journal of Nursing, LIX (February, 1959), p. 196.

the subjects, development of the questionnaire, collection of the data, questionnaire returns, and treatment of the data are presented in Chapter III. Chapter IV contains the analyses of the data. The summary, conclusions, recommendations and suggestions for further study are found in Chapter V.

CHAPTER II

I. REVIEW OF THE LITERATURE ON ROLE THEORY

Deutsch and Krauss state that "role theory consists mainly of a set of constructs, with little in the way of an interrelational calculus or rules of correspondence."¹ Despite its acknowledged loose integration, role theory has been of considerable heuristic value and did provide the conceptual framework for this study and the constructs evolved for it. Thus a review of the literature covering some of the major theorists is pertinent to the ensuing discussion.

Nieman and Hughes surveyed the literature for the period 1900-1950 in the use of the concept "role" and arrived at a classification which permitted them to distinguish the variety of definitions and the usages of the term. They state:

We have noted, first definitions of role in terms of the dynamics of personality development; second, functional definitions in terms of society as a whole; and third, functional definitions in terms of specific groups.²

Gross, Mason, and McEachern, categorized definitions of role under three headings:

¹Morton Deutsch and Robert M. Krauss, Theories in Social Psychology, (New York: Basic Books Inc., 1965), p. 5.

²Lionel J. Neiman and James W. Hughes, "The Problem of the Concept of Role: A resurvey of the Literature," ed. Herman D. Stein and Richard A. Cloward, Social Perspectives on Behavior (Glencoe, 1958), p. 185.

1. Definitions of role which either equate it or define it to include normative culture patterns (Linton, Newcomb, Rose, Komarovsky, Znaniecki).

2. Definitions in which role is treated as an individual's definition of his situation with reference to his and others' social positions (Sargent, Parsons and Shils).

3. Definitions which deal with role as the behavior of actors occupying social positions. This does not refer to normative patterns for what should be done, but to what actually is done (Kingsley, Davis, Cottrell, Sarbin).¹

Gross and his associates feel that theoretical formulations concerned with role analysis must include these three elements--social locations, behavior, and expectations.²

Broom and Selznick state that one of the most salient features of socialization in a social structure is the learning of occupational roles. Specific skills and codes of social behavior are attached to each job. They list three factors which help to mold individual behavior into the defined occupational role: (1) The behavioral expectations of persons in a particular position is somewhat uniform throughout the social structure. (2) For the most part, persons are chosen and judged on their ability to play the occupation role with success, and this reinforces the code of expected behavior

¹Neal Gross, Ward S. Mason, and Alexander W. McEachern, Explorations in Role Analysis: Studies of the School Superintendency Role (New York, 1958), pp. 11-18.

²Ibid., p. 18.

associated with the occupation. (3) The behavioral expectations are drawn out by the everyday demands and problems. Occupational roles are important, because individuals thereby learn what to expect from each other, making behavior predictable, and they affect social relationships in other areas of the individual's life. "The occupational role is often one of the most crucial roles an individual plays; it affects attitudes, status and ways of life."¹

Zander, Cohen, and Stotland give role a more restricted meaning by using the terms professional role. They define it as:

a limited set of behaviors concerning, for example, task functions, responsibility relations, and normative relationships which are expected of an individual by relevant others.²

The expectations of a role incumbent are called prescriptions for the role. To illustrate some of the terms used in their definition of professional role, one can refer to the individual who takes the role of "nurse." She has certain task functions or work contributions which are expected of her while performing that role. She also has particular responsibility relations which specify the degree of authority she has

¹Leonard Broom and Philip Selznick, Sociology, (Evanston, Illinois: Row Peterson and Company, 1958), p. 529.

²Alvin Zander, Arthur R. Cohen, and Ezra Stotland, Role Relations in the Mental Health Professions, (Ann Arbor, Michigan: University of Michigan, 1957), p. 15.

over others and likewise the amount of authority others may have over her. For example, the nurse is aware of the authority she may have over aides and orderlies, but at the same time she recognizes the authority the doctors or nursing supervisor may have over her. The normative relationships in the nurse role refer to the evaluations a role occupant is expected to make about herself in comparison to those in other roles, based on her comparative knowledge, skills, or training.¹ They may describe a belief about her own quality of performance in comparison with that of others on these same functions. For example, nurses may feel they are more skillful in performing certain treatments, but are not as skillful in making a diagnosis.

King has elaborated further on some of the aspects of the nurse role. He describes the expectations of that role as technical competence, orientation toward others, and emotional neutrality. Technical competence requires continuity of care and carrying out medical techniques for the patient. Orientation toward others implies a commitment to patient care, and emotional neutrality must be incorporated into the nurse role by showing concern for the sick, but not extending this involvement into her personal life.²

¹Zander, op. cit., pp. 15-16.

²Stanley H. King, Perceptions of Illness and Medical Practice (New York: Russel Sage Foundation, 1962), pp. 243-257.

Benne and Bennis identified four principal sets of expectations which determine the character of the role:

(1) the official expectations of the institution in which the nurse works and which are communicated through administrative channels from the top of the hierarchial structure; (2) the expectations of the nurses' immediate colleagues, auxiliary personnel, and others who are interdependently associated in the treatment of the sick; (3) the expectations which help shape the role of the nurse outside the hospital situation, which may be referred to as reference groups such as family, church, and other institutions; and (4) the self expectations of the nurse's own role image of what she should be and do. When these expectations reinforce each other consistently, the role definition is stable, and motivation and job satisfaction are high.¹

The concept of "role conflict" is also important in role theory and is pertinent to the discussion. It occurs when the individual finds herself fulfilling two different roles simultaneously, because the demands and expectations of each are contradictory, or when the rewards that are expected through her role performance are not forthcoming, or when two different roles have the same expectation for a particular

¹Kenneth Benne and Warren Bennis. "Role Confusion and Conflict in Nursing: What is Real Nursing?" American Journal of Nursing, LIX (March, 1959), pp. 380-383.

situation.¹ The Coronary Care Unit of the hospital offers one of the best examples for potential role conflict. The unusual nurse-physician relationship that exists here is described by Meltzer, et al., as one in which the nurses rather than the physicians, are the key members of the team. "It is not unusual for the nurses to become so adept at interpreting arrhythmias and assessing emergencies, that their know-how and judgment may often challenge house staff."² Edelstein feels that this new role in relation to the physician is one that is relatively more independent and to some extent that of a peer basis.³ The nurse may in fact find herself playing two contradictory roles which in certain situations can be confusing and frustrating. For example, she may find that a physician who has not had her specialized training has misinterpreted the electrocardiographic pattern and she is in the position of informing him that his diagnosis and treatment are incorrect. She then finds herself in the position of assuming certain medical diagnostic responsibilities, yet retaining a secondary role in nursing care. Although the

¹King, op. cit., p. 249.

²L. E. Meltzer et al., Intensive Coronary Care: A Manual For Nurses (Philadelphia: The Charles Press, 1968), p. 48.

³Ruth E. Edelstein, "Automation: Its Effect on the Nurse," American Journal of Nursing, LXVI (October, 1966), p. 2196.

physician may rely heavily on the nurse's interpretation of Electrocardiograms and on her clinical acumen in regard to patient care, she still remains aware of her identification as a person of lower status rather than as a colleague.

In summary, role theory provided the conceptual framework for this study. Different approaches and usages have been presented in the review of the literature. The study was limited to the area of medical sociology for the writer's purposes.

II. LITERATURE RELATED TO THE ROLE OF NURSE

For the past two decades, sociologists and other researchers have been directing their attention to many different aspects of the nurses' role. Nurses work in a variety of settings such as physicians offices, schools, industry, and public health agencies. This study focused on the hospital nurse and her attitudes towards and perceptions of job and role satisfaction in that setting.

The bulk of research investigating nursing has to date focused upon the functions¹ of the nurse role and reasons for

¹Edwin A. Christ, Nurses at Work (Columbia, Missouri: University of Missouri, 1956); and Everett C. Hughes et al., Twenty Thousand Nurses Tell Their Story (Philadelphia: J. B. Lippincott Co., 1958).

high turnover¹ rates among nurses in hospitals. Less work has been done in the area of job and role satisfaction and to the writer's knowledge, only one paper has dealt with both. However, that study did not distinguish between the two constructs. Role and job satisfaction are both important factors in retention of hospital personnel. Nurses may be happy with their role but dissatisfied with their job; and likewise, they may be happy with their job but dissatisfied with their professional role status.

Bressler and Kephart's study, although it is 15 years old and investigated a less homogeneous population (active and inactive nurses), was the major source of reference. Along with other variables, they classified job and role satisfaction under the heading "Morale." The authors concluded that "Of all the facts of the nursing profession that were studied few emerged more clearly and consistently than the morale pattern."² A summary sketch of morale representing the majority of respondents states:

¹Thomas F. Lyons, "A Study of Social-Psychological Variables as They Relate to Turnover, Propensity to Leave, and Absenteeism Among Hospital Staff Nurses" (unpublished doctoral dissertation, University of Michigan, Ann Arbor, 1967); and James J. Catania, "Why Do Nurses Change Jobs?" Hospital Management, LXCVII (August, 1964), p. 93.

²Marvin Bressler and William M. Kephart, Career Dynamics: A Survey of Selected Aspects of the Nursing Profession, (Philadelphia: Pennsylvania State Nurses' Assn., 1956), p. 15.

Nurses are convinced that their choice of profession was a wise one. The overwhelming majority have no desire to be in any other kind of work The nursing profession carries with it a selflessness, a feeling of being able to help others, a feeling of being needed Not only are they well satisfied in their choice of work, but most nurses also think well of the hospitals in which they have been employed. They think highly of their associates, their peers, their nursing supervisors, and the doctors with whom they are in contact. Most nurses are satisfied with their working conditions, including salary. High morale . . . characterizes the inactive as well as the active nurses.¹

Although numerous complaints were voiced about working conditions, the study is interpreted as an indication that nurses have fewer and less serious complaints than do workers in most other occupations. Replies to one particular question were cited as an indication of "excellent" morale. The question was: "Knowing what you know now, if you had it to do over again, would you still desire to enter the nursing profession?" Only slightly more than six percent replied negatively.²

According to more than two-thirds of the respondents, the "single best thing" about nursing was what the authors classified as "altruistic satisfaction."³ There was no general agreement, however, as to the "single worst thing." Seventeen percent of the respondents did not mention any; but with respect to grievances in general, dissatisfaction

¹Ibid.

²Ibid., p. 16.

³Ibid., p. 21.

was universally expressed concerning irregular hours, inadequate incomes, and specific job irritations. "Hours" headed the list. Directly subordinate to hours was salaries, but only 22 percent made this an issue and approximately two-thirds of the total respondents reported satisfaction with their present salaries.¹

The results indicated that about one-third of the nurses had seldom or never worked with "unfair" nursing supervisors; more than half had rarely or never worked with doctors whom they regarded as unfair. At the other extreme, only six percent reported working "very often" with unfair supervisors and only two percent said they also had "very often" encountered unfair physicians. The over-all view conveyed by respondents was that nursing supervisors and physicians are competent in their field and both are concerned about patient care.²

Desire for promotion was expressed by only one nurse in four, and the majority stated they were satisfied with their current level of responsibility.³

To further explore the views of nurses regarding status outside the medical setting, the respondents were asked to

¹Ibid., pp. 24-25.

²Bressler and Kephart, op. cit., p. 26.

³Ibid., pp. 28-29.

compare nurses with teachers according to the prestige each enjoys in the community. In general, they rejected the idea that teaching requires more intelligence than nursing. Seventy-two and nine-tenths percent affirmed that both professions require equal intelligence, 21.5 percent maintained that nursing takes more, and 4.6 percent asserted that teaching takes more. The majority (56.3 percent) perceived nurses and teachers as having "about equal" prestige. More than a quarter (27.5 percent) viewed teachers as holding higher status and about one-seventh (15.1 percent) thought that nurses received more esteem. The remainder did not commit themselves.¹

Responses to the question, "What was your father's occupation at the time you entered nursing school" disclosed that nearly 80 percent of the respondents had fathers who were skilled, managerial, and professional. About 20 percent (19.9) had fathers who were clerical and sales, farming and unskilled. Bressler concluded that the nursing profession appears to attract a sizeable number from the middle class; however, lower-class nurses are likely to remain employed full-time in the profession for a longer period.²

In a study made by Stewart and Needham, all but two of 107 respondents stated that they would recommend nursing as a

¹Ibid., pp. 98-99.

²Ibid., p. 122.

career to their daughter, a relative, or a friend, thus indicating occupational morale to be high.¹ Although the monthly salaries of nursing supervisor and director of nursing service were higher than regular staff positions, over 81 percent stated that they did not wish to be promoted to such elevated positions.² When questioned as to what they would like to be doing five years in the future, 45 percent of the staff nurses expressed the desire to continue in nursing and slightly over 45 percent indicated that they would prefer to stay at home. No nurse conveyed the wish to change from nursing to some other occupation.³ The most general complaint was that they were not afforded sufficient opportunity to practice bedside nursing, and tabulations in the study indicated that only 22 percent of their working time involved activities classified by the researchers as "direct nursing care."⁴

The scaling techniques employed by Bullock separated the nurses reporting high degrees of satisfaction with their work from those reporting high degrees of job dissatisfaction, and it was concluded through his research that the better

¹Donald Stewart and Christine E. Needham, The General Duty Nurse, (Little Rock: Arkansas State Nurses' Association, 1955), p. 24.

²Ibid., p. 22.

³Ibid., p. 27.

⁴Ibid., p. 28.

satisfied nurses held the more favorable images of nursing, while the opposite was true for the dissatisfied group. The nurses perceived the public's image of themselves as an occupational corps of hard-working women who possess considerable technical knowledge and skill and who, for the most part, retain a devotion to patient care.¹ Slightly over 80 percent disagreed with the statement that the public considers nurses intellectually inferior to women in other occupations, and 65 percent disagreed with the statement that the general populace classifies them as about the same level as waitresses, clerks and stenographers.² In contrast to these relatively favorable views, about two-thirds of the nurses felt that the public does not appreciate the work they do, and almost the same proportion thought that nursing is generally regarded as an unpleasant occupation.³

Bullock conceded that the nurses' assessments of public opinion concerning them may reflect the varying images of nursing held by different components of the public. On the other hand, the nurses' appraisals, may be merely projections of their own attitudes, wishes or resentments. In either case,

¹Robert P. Bullock, "What Do Nurses Think of Their Profession?" (unpublished Doctoral dissertation, Ohio State University, 1954), pp. 20-26.

²Ibid., pp. 27-30.

³Ibid., p. 13.

the study showed these perceptions of the public's views to be positively correlated with the nurses' comments on satisfaction with their work. Bullock concludes:

It can be asserted with assurance that certain specific beliefs regarding public opinion of nurses and nursing are important in terms of job satisfaction and that for nurses . . . there is a genuine correlation between the nurses' satisfaction with the job and her generalized estimate of public opinion regarding the occupation and its personnel.¹

Habenstein and Christ studied attitudes of nurses toward nursing, i.e., how they conceive of their work, and developed typologies on data from the general duty nurse. He identified three types. The professionalizer is characterized by the nurse who focuses on the techniques, mechanical and psychological, that must be used to facilitate the patient's return to health. The basic sciences equip the nurse with a set of tools to use; the key treatment is knowledge. The second type is called the traditionalizer, representative of a sense of devotion to patient care, and adopting the philosophy of Florence Nightingale. Her approach to nursing is based on accumulated traditional experience, with the new suspect and the old preferable. If new concepts are to be implemented, they must prove to be better than those they are to replace. Her focus is on the patient as an individual, and she performs her nursing tasks in a manner that has been

¹Ibid., pp. 33-35.

practiced for years in the home and community. The third type is the utilizer, a type motivated by short-term goals, and with no particular dedication to an ideal. Her work role begins at the start of her shift and ends when she has completed her eight hours of duty. Innovations are accepted or rejected on the basis of their immediate results (time, labor, or personal effort saved). The main concern is to get the job done satisfactorily. Most of the changes in nursing come from the professionalizer, but most doctors prefer the traditionalizer. However, much nursing is still done by the utilizer who must work to support her family, supplement her husband's income, or fill her life with things to do when the children are grown.¹

Reissman and Rohrer developed typologies of registered nurses in a large urban hospital which reflects reasons for selecting and staying in hospital work. Responses were first divided into two categories: (1) "positive" and (2) "negative." Positive ones included comments from nurses that suggest a preference for hospital nursing, altruism, and identification with other persons in the hospital structure. Negative responses indicate that her duties were regarded as "just another job" or were attractive because of circumstances

¹Robert W. Habenstein and Edwin A. Christ, Professionalizer, Traditionalizer, and Utilizer, (Columbia, Missouri: University of Missouri Press, 1963), pp. 45-46.

other than the work itself. On the basis of these responses, four typologies were developed: the "dedicated"; the "converted"; the "disenchanted"; and the "migrant."¹

The "dedicated" nurse is described as anyone entering hospital employment for "positive reasons" and hoping to continue working there in the future. Usually such a respondent expressed loyalty to the institution, and patient care was the most satisfying factor in her work. Her complaints were few and were centered around patient care, for example, shortage of personnel or crowded wards. The "converted" nurse is described as one who took a position in the hospital because of necessity or its availability, but with little or no enthusiasm. She later developed a strong interest in the job, and hoped to continue working. This type is reported to have found satisfaction in helping others that she did not anticipate when she took the job. The "disenchanted" nurse is pictured as having gone through a reverse experience. She entered the hospital because of positive motivations, but became disappointed and disillusioned. This type hopes to leave hospital employment as soon as a better job is available. Patient care is not her main concern, and dissatisfaction is manifested in criticism of other personnel. The "migrant"

¹Leonard Reissman and John H. Rohrer, Change and Dilemma in the Nursing Profession (New York: Harper and Brothers, 1960), p. 169.

nurse showed the least identification with or personal concern for hospital work. Her attitude was that nursing is "just another job," in which assignments are to be performed with minimal effort and interest. Patient care is of least importance, and her dissatisfactions are with the hospital situation in general. This type would leave for another position at the first favorable opportunity.¹

Responses of nursing personnel, including all categories from the sample, showed the following distributions: "Dedicated" 24 percent; "converted" 23 percent; "disenchanted" 27 percent; and "migrant" 26 percent.²

The American Nurses' Association surveyed Journal subscribers in December of 1969 and presented some interesting findings on the national level. Registered nurses in this sample tend to live and work in large and small cities, with only 10 percent residing in rural areas. Forty-five percent of the respondents are 30 years old or less. Only one percent of the sample was male, two percent were black and one percent from other races. Seventy-four percent of the nurses were diploma school graduates and for 56 percent, this was their highest academic achievement.³

¹Reissman, op. cit., pp. 170-171.

²Ibid.

³American Nurses' Association, "Nurses, Nursing, and the ANA," American Journal of Nursing, CXX (April, 1970), pp. 808-815.

Forty-five percent of the sample reported that their salaries were necessary to support themselves or others, 22 percent said their salaries help to supply necessities and the remainder apparently work to provide luxuries.¹

The major conclusions expressed by most nurses who responded to the survey were:

Direct patient care does not have the prestige it should have within the nursing profession.

The ANA should certify practitioners who meet certain criteria for excellence in practice.

There should not be two kinds of registered nurses but nurses who have baccalaureate degrees should have a higher starting salary than those who don't.²

Lyle Saunders in his provocative article about the characteristics of nursing had this to say:

A final point to be made about nursing as an occupation is that it is changing. And the rate and direction of change are possibly largely outside the control of nurses themselves. The past fifty years have been years of moving away from a concentration on sick people to a concentration on the mechanical and technical aspects of therapy and care. They have witnessed the change of the nurse from a self-employed entrepreneur to a salaried employee; from a person who worked largely alone and self-directed to one who shares in a minute and highly specialized division of labor; from one whose relationships with those she worked among were close, intimate, and personal to one whose working relationships with both patients and colleagues are subjected to strong pressures toward becoming both impersonal and segmental; from one whose skills and functions were generalized,

¹American Nurses' Association, op. cit., p. 810.

²Ibid., p. 808.

to one whose skills and functions are very highly specialized.¹

¹Lyle Saunders, "The Changing Role of Nurses," American Journal of Nursing, CIV (September, 1954), pp. 1094-1098.

CHAPTER III

METHODOLOGY AND THE GROUP STUDIED

Introduction. The problem in this study was to explore and identify the complex of attitudes and perceptions which are significantly related to role and job satisfaction of registered nurses in the six Des Moines general hospitals.

Procedure. The Health Planning Council of Central Iowa expressed interest in studying health manpower (especially nurses) in Des Moines, Iowa, and agreed to sponsor the study and underwrite the cost of materials and mailing. The writer interviewed each of the administrators of the seven Des Moines hospitals to discuss the study and obtain permission to use their list of registered nurses with their home addresses. Six of the administrators expressed enthusiasm about the survey, and felt it would be a source of meaningful information. The administrator of the Veterans Hospital did not wish to participate because the hospital is federally owned.

Selection of subjects. Registered nurses were selected from a list supplied by each hospital through the use of a table of random numbers. A thirty percent sample (242) was drawn from each hospital in proportion to the number of registered nurses currently employed. The group was homogenous in that all respondents were actively engaged in some aspect of nursing within the hospital setting.

The setting. This study was concerned with the six general hospitals in Des Moines, Iowa, which provide institutionalized care of patients requiring medical, surgical, obstetrical or pediatric treatment. Five of the hospitals are voluntary in type of control and are supported by the community or religious groups who depend upon endowments, public subscription, and fees from patients for operating funds. One of the hospitals is publicly owned and administered by the county. Three of the hospitals are under 200 beds, two are over 300, and one is over 500 beds. All six of the hospitals are located within the Metropolitan area. Four of the six are affiliated with schools of nursing. Five of the hospitals are staffed by medical doctors and one is staffed by osteopathic physicians.

Format of the questionnaire. A mailed questionnaire consisting of 70 items in the form of Likert type, fixed alternatives, forced choice, and open ended questions was the survey instrument used. Twelve questions (7a, 8, 14, 22, 24, 37, D, E, F, 50a, 50b, and 52) were taken from the questionnaire designed by Marvin Bressler and William Kephart¹ for the Pennsylvania Nurses' Association survey. These questions were used to compare attitudes toward nursing with the present study. Stationery from the Health Planning Council of Central Iowa

¹Bressler and Kephart, op. cit., pp. 197-201.

was used and the writer signed her maiden name on the cover letter to eliminate bias, since her husband is a practicing Des Moines physician. The cover letter that accompanied the questionnaire briefly described the purpose of the study, stated it had the endorsement of the six hospital administrators, and asked the respondents support in completing the survey promptly. A dime was taped to the letter of transmittal to encourage response and a stamped envelope addressed to the Health Planning Council of Central Iowa was enclosed. Each questionnaire was coded with an invisible fluorescent (quinidine) solution to identify the hospital. Copies of the questionnaire form used in the study can be found in Appendix A.

Collection of the data and response. The questionnaires were mailed to the nurses' homes on January 12, 1970. Respondents were asked to have the completed questionnaire in the mail within one week after its arrival. A total of one hundred and sixty-nine (69.83 percent) of the nurses responded (in marketing research a 30 percent response is considered good for the mailed questionnaire) but only one hundred and sixty-seven replies were used in the study. Two questionnaires were not completed sufficiently to be used in the study. One hundred and thirty-seven (56.51 percent) responded after the first mailing.

A reminder letter was sent on January 27, 1970 (two weeks after the original mailing) to everyone in the sample. The letter was an appeal to those who had not returned their questionnaire and at the same time thanked those who had cooperated. If they had misplaced the questionnaire, they were instructed to telephone the Health Planning Council of Central Iowa and another would be sent to them. The response after the reminder brought in twenty-nine (11.57 percent) more responses.

Tabulation of the data and types of analyses. As the returns were received from the sample, the information on the survey forms was coded and punched on data cards. Analyses of the data were done through computer programs at Drake University. Percentage tables were devised to show the relative frequency of response. Cross tabulations and measures of dispersion of selected responses were also computed.

The analyses of the data from the questionnaire forms were done through the use of 68 variables which were grouped into the following three categories: (1) general characteristics of the population such as age, sex, race, religion, marital status, number of children, age of oldest child, professional training, and the like, (2) factors related to role satisfaction and (3) factors related to job satisfaction.

CHAPTER IV

ANALYSES OF THE DATA

Introduction. This study involved the identification of the attitudes and perceptions of a random sampling of registered nurses from the six general hospitals in Des Moines, Iowa, regarding the multivariable concepts of role and job satisfaction.

The first phase of the study treated the data from the hospitals individually. Since there was a large disparity of numbers (N) between hospitals because of the marked differences in the size of hospitals, it was felt that a more meaningful and accurate picture could be presented by analyses of the data from the total sample, rather than by individual hospitals.

The study examined 68 variables. Twenty-six of these were used to provide a quantitative presentation of the general characteristics of the sample. They included the age, sex, race, religion, marital status, number of children, age of oldest child, professional training, relationship to parent's background, size of family, employment record and the like. Thirteen variables were designed to examine nurses' satisfaction with their role, and these were divided into two categories: (1) positive and negative aspects of nursing, and (2) evaluation of profession. Twenty-seven variables

were used to explore job satisfaction, and these were divided into six categories: (1) salary, (2) mobility, (3) interpersonal relations, (4) competence of co-workers, (5) evaluation of hospital, and (6) personnel policies.

Part I of the analyses focuses on the general characteristics of the sample, Part II on role satisfaction, and Part III on job satisfaction.

I. GENERAL CHARACTERISTICS OF THE SAMPLE

Age and sex. The entire sample was female, with 22 percent between the ages of 20-24 and 18 percent between the ages of 25-29. The smallest number, 3 percent each, are from the age groups of 55-59 and 60-65. The modal response was in the 20-24 age category. The findings are not unusual, since four out of the six hospitals have nursing schools and the new graduates frequently reported staying on at the hospital until they have repaid loans for their education or until they have made plans for the future. Some, however, stay at the same hospital indefinitely. Table I shows the age distribution for the sample.

Race, religion and church attendance. Only one nurse out of a sample of 167 was Negro. Protestants compose 80 percent of the sample, while 16 percent are Catholic, and less than one percent are Jewish. The data indicate that no one denomination supplies nurses out of proportion to its

numbers in the general population. (Des Moines population is approximately 75 percent Protestant and 25 percent Catholic.)¹
See Table II.

TABLE I

AGE OF REGISTERED NURSES FROM THE SIX GENERAL
HOSPITALS IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Age	Number of responses (N=167)	Percent of responses
20-24	37	22.2
25-29	30	18.0
30-34	26	15.6
35-39	17	10.2
40-44	20	12.0
45-49	13	8.0
50-54	13	8.0
55-59	5	3.0
60-64	1	0.6
65	5	3.0
Total	167	100.0

Weekly church goers make up 32 percent of the sample, and 12 percent (the smallest number), do not attend church at all. By most criteria of religiosity, and on the basis of information supplied by the Des Moines Council of Churches,

¹Statement by John Donovan from the Des Moines Council of Churches, personal interview, June 1, 1970.

TABLE II
RELIGIOUS AFFILIATION OF REGISTERED NURSES,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Religion	Number of responses (N=167)	Percent of responses
Catholic	27	16.2
Protestant	135	80.0
Jewish	1	0.6
Other	4	2.4
Total	167	100.0

TABLE III
CHURCH ATTENDANCE OF REGISTERED NURSES,
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Attendance per Month	Number of responses (N=167)	Percent of responses
Four times or more	53	31.7
Three times a month	28	16.8
Twice a month	28	16.8
Once a month	38	22.7
Not at all	20	12.0
Total	167	100.0

nurses appear to be slightly more religious than the general population. Affiliation of churches to hospitals may be a factor. See Table III above.

Marital status. Almost 80 percent of the nurses in the sample are married (Table IV), 14 percent are single, 4 percent widowed, and 3 percent are divorced. Since nursing is largely a female occupation, the prospect of marriage and children permeates every aspect of the profession. The most important role in our culture for women is that of wife and mother.

TABLE IV
MARITAL STATUS OF REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Marital status	Number of responses (N=167)	Percent of responses
Single	23	13.8
Married	133	79.6
Widowed	6	3.6
Divorced	5	3.0
Separated	---	----
Total	167	100.0

Number of children and age of oldest child. The number of children a nurse has and the age of the oldest child may be important in keeping her in or drawing her out of the labor market. Those having one child account for 23 percent of the sample, 28 percent have 2 children, 24 percent have 3 and only 1 percent have 7. See Table V. The age of the oldest child has the highest single representation (15

TABLE V
NUMBER OF CHILDREN OF REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Number of Children	Number of responses (N=118)	Percent of responses
One child	28	23.7
Two children	34	28.9
Three children	29	24.7
Four children	13	11.0
Five children	9	7.6
Six children	3	2.5
Seven children	2	1.6
Eight children	---	---
Nine children	---	---
Total	118	100.0
Those having no children	49	

percent) in the 0-4 age category. However, 14 percent are in the 15-19 group, 11 percent in the 5-9, and 9 percent each in the 10-14 and 20-24 bracket. The data indicate that most of the nurses have school age children (Table VI).

Background factors. Included under this heading is information on where the nurses spent most of their pre-adult years, number of siblings, and the number of years the respondents have lived in Des Moines. The pre-adult years of 41 percent of the respondents were spent in the rural-farm area, and 29 percent were from small towns, which indicates that 70 percent were rural dwellers (Table VII). Of the total sample,

TABLE VI
AGE OF OLDEST CHILD OF REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Age of Oldest Child	Number of responses (N=117)	Percent of responses
0-4	25	24.1
5-9	18	15.4
10-14	23	19.7
15-19	23	19.7
20-24	15	12.8
25-29	7	5.9
30-34	2	1.7
35-39	4	3.4
40-44	---	---
45-49	---	---
Total	117	
Those having no children	49	
No response	1	

TABLE VII
GEOGRAPHIC ORIGIN OF REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Geographic Origin	Number of responses (N=167)	Percent of responses
In the country	69	41.3
In a small town or village	49	29.3
In a city of 10,000 population or less	14	8.4
In a city of 10,000 to 100,000	16	9.6
In a city of over 100,000	19	11.4
Total	167	100.0

24 percent have lived in Des Moines less than 4 years and 21 percent have lived in the city 5-9 years. Only 7 percent live outside Des Moines. Note Table VIII in the Appendix. The modal response regarding the number of siblings was 3, which indicates that nurses do not necessarily come from large families (Table IX in Appendix).

Mobility. The occupations of the nurses' fathers were compared to that of the nurses' husbands in order to determine the direction of mobility for the group. In 36 percent of the sample, the fathers were farmers, 15 percent were semi-professionals, and 15 percent were skilled workers (Table X).

TABLE X
OCCUPATION OF FATHERS OF REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Father's Occupation	Number of responses (N=167)	Percent of responses
Deceased, disabled and unemployed	11	6.6
Professionals, managers, and high officials	9	5.4
Semi-professionals, minor officials, proprietors, and insurance	25	14.9
Clerical, sales, foremen, and kindred	19	11.9
Skilled	25	14.9
Semi-skilled	6	3.6
Unskilled	11	6.6
Farmers	60	35.9
Students	---	---
Total	167	100.0

In contrast, only 4 percent of the nurses' husbands were farmers, 34 percent were semi-professionals, 22 percent were clerical sales, and kindred, and 15 percent were skilled workers (Table XI). These figures suggest horizontal and upward mobility. It was felt that the older nurses who were working had probably married into the lower socioeconomic class but such was not the case. When age was cross tabulated with husband's occupation, it was the younger nurses who had married into the lower socioeconomic class that were working and would probably be working the longest.

TABLE XI
OCCUPATION OF HUSBANDS OF REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Husband's Occupation	Number of responses (N=132)	Percent of responses
Deceased, disabled and unemployed	5	3.8
Professionals, managers, and high officials	4	3.1
Semi-professionals, minor officials, proprietors, and insurance	45	34.1
Clerical, sales, formen, and kindred	29	21.9
Skilled	20	15.1
Semi-skilled	6	4.6
Unskilled	7	5.3
Farmers	5	3.8
Armed Forces	2	1.5
Students	9	6.8
Total	132	100.0
Respondents not married	35	

Education, advanced training, and job title. Diploma school graduates account for 97 percent of the sample, and only 3 percent graduated from baccalaureate schools. See Table XII in Appendix. Only 10 percent have had one year of college education, 2 percent have had 2 years, less than 2 percent have had 3 years, and 1 percent have had 4 years of college. Less than 1 percent hold a masters degree (Table XIII). Among diploma school graduates, 65 percent have had no further advanced training. Twenty-two percent have had training in Coronary Care. A high percentage in this area may be

TABLE XIII

HIGHEST LEVEL OF EDUCATION ATTAINED BY
REGISTERED NURSES, IN DES MOINES, IOWA,
1970, BY NUMBERS AND PERCENT

Highest Grade Completed	Number of responses (N=167)	Percent of responses
Registered nurse	141	84.4
One year of college	16	9.6
Two years of college	4	2.4
Three years of college	3	1.8
Four years of college	2	1.2
Masters degree	1	0.6
Doctorate	---	---
Total	167	100.0

accounted for by the fact that very active programs for coronary care training have been ongoing in this community for the past five years. Nurses who want to work in the

Coronary Care Unit must take the course but nurses who work in other areas of the hospital may also take it. See Table XIV. Staff nurses make up 69 percent of the sample, head nurses 19.8 percent, supervisors 7.8 percent and assistant supervisors 1.2 percent (Table XV).

TABLE XIV
ADVANCED TRAINING OF REGISTERED NURSES,
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Advanced Training	Number of responses (N=167)	Percent of responses
Coronary care	36	21.6
Psychiatric	3	1.8
Intensive care	7	4.1
No advanced training	108	64.7
Rehabilitation	2	1.2
Supervisory techniques	4	2.4
Surgical	1	0.6
Obstetrics	4	2.4
Stroke and respiratory	2	1.2
Total	167	100.0

Type of employment, type of ward, duties, and hours.

Full-time nurses accounted for 59 percent and part-time 41 percent of the sample. Medical floor nurses composed 43 percent, maternity 16 percent, surgical 16 percent and Pediatric 10 percent of the total. See Tables XVI and XVII.

TABLE XV
 JOB TITLES OF REGISTERED NURSES
 IN DES MOINES, IOWA, 1970,
 BY NUMBERS AND PERCENT

Job Title	Number of responses (N=167)	Percent of responses
Supervisor	13	7.8
Assistant supervisor	2	1.2
Head nurse	33	19.8
Staff nurse	116	69.4
In-service instructor	3	1.8
Total	167	100.0

TABLE XVI
 TYPE OF EMPLOYMENT OF REGISTERED NURSES
 IN DES MOINES, IOWA, 1970,
 BY NUMBERS AND PERCENT

Type of Employment	Number of responses (N=167)	Percent of responses
Full-time nurses	99	59.3
Part-time nurses	68	40.7
Total	167	100.0

TABLE XVII
TYPE OF WARD REGISTERED NURSES WORK ON
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Type of Ward	Number of responses (N=166)	Percent of responses
Medical	71	42.8
Surgical	26	15.7
Coronary and intensive care	10	6.0
Psychiatric	2	1.2
Maternity	27	16.3
Orthopedic	4	2.4
Rehabilitation	3	1.8
Pediatric	17	10.2
Emergency room	6	3.2
Total	166	100.0
No response	1	

The largest proportion (56 percent) of the sample works on the 7:00 A.M. to 3:30 P.M. shift, 24 percent work 3:00 to 11:30 P.M., and 20 percent work on the 11:00 P.M. to 7:30 A.M. shift. Direct patient care was listed by 70 percent as taking up most of their time, supervisory responsibilities by 17 percent, administrative by 10 percent and 4 percent listed educational duties. See Tables XVIII and XIX.

Employment record. Included in this category are the following: number of years as a graduate nurse, number of hospitals employed in since graduation, last place of work

TABLE XVIII
HOURS WORKED BY REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Hours	Number of responses (N=156)	Percent of responses
7:00 A.M. to 3:30 P.M.	88	56.0
3:00 P.M. to 11:30 P.M.	37	24.0
11:00 P.M. to 7:30 A.M.	31	20.0
Total	156	100.0
Number who rotate shifts	11	

TABLE XIX
TYPE OF DUTIES PERFORMED BY REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Which of the following takes up most of your time?	Number of responses (N=167)	Percent of responses
Direct patient care	117	70.00
Educational duties	6	3.59
Administrative duties	16	9.58
Supervisory responsibilities	28	16.77
Total	167	100.00

before present hospital, and number of years employed at the present hospital.

The largest proportion of nurses (26 percent) graduated 0-3 years ago, 14 percent graduated 4-7 years ago, followed by another 13 percent who have been graduates for 20-23 years. There were 2 percent who have been graduates for 40-43 years and 4 percent each for the 28-31 and 32-35 category. See Table XX.

TABLE XX

NUMBER OF YEARS SINCE GRADUATION FOR REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Number of years since graduation	Number of responses (N=165)	Percent of responses
0-3 years	43	26.1
4-7	23	13.9
8-11	17	10.3
12-15	17	10.3
16-19	11	6.7
20-23	22	13.9
24-27	12	7.3
28-31	7	4.2
32-35	7	4.2
36-39	2	1.2
40-43	4	2.4
Total	167	100.0
No response	2	

Since graduation, 34 percent have worked at only one hospital, 25 percent have worked at two, 17 percent at three and 10 percent at four (Table XXI). The largest proportion, 30 percent, worked at another hospital in another city before they began employment at the present one. Twenty-eight percent worked at another hospital in this city, and 20 percent are working at the same hospital from which they graduated (Table XXII). Slightly over 28 percent have worked at the present hospital where they were employed for the period of 2-3 years, 25 percent have worked for one year or less, and 11 percent have worked 4-5 years. The categories 22-23 and

TABLE XXI

NUMBER OF HOSPITALS IN WHICH EMPLOYED SINCE
GRADUATION FOR REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Number of Hospitals	Number of responses (N=167)	Percent of responses
One hospital	57	34.1
Two hospitals	42	25.1
Three	29	17.1
Four	17	10.2
Five	10	6.0
Six	3	1.8
Seven	3	1.8
Eight	2	1.2
Nine	4	2.4
Total	167	100.0

TABLE XXII
EMPLOYMENT RECORD OF REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Where did you work before you came to this hospital?	Number of responses (N=166)	Percent of responses
Another hospital in this city	47	28.3
Another hospital in another city	50	30.1
Non-hospital employment	25	15.7
Worked here before	10	6.0
First employment	33	19.0
Total	166	100.0
No response	1	

26-27 years employed are represented by one percent each, and the 28-29 group, who have been employed the longest, was less than one percent. See Table XXIII.

Economic situation. The economic situation of the nurse and her family may in part be responsible for either full-time or part-time employment. Accordingly, the following question was asked: "Which of the following most nearly describes your economic situation?" The largest percentage (47) said their families depend on their salary to supply luxuries, 18 percent said their families do not depend on their financial contribution, and 15 percent indicated that their families depend on their salary to support them. Table XXIV gives the complete breakdown of the nurses perception of their financial situation.

TABLE XXIII
EMPLOYMENT RECORD OF REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: How many years have you worked at this hospital?	Number of responses (N=167)	Percent of responses
0-1 years	42	25.1
2-3	47	28.1
4-5	18	10.8
6-7	12	7.2
8-9	7	4.2
10-11	13	7.8
12-13	8	4.8
14-15	5	3.0
16-17	2	1.2
18-19	4	2.4
20-21	4	2.4
22-23	2	1.2
24-25	---	---
26-27	2	1.2
28-29	1	0.6
Total	167	100.0

In summary, the entire sample was female. They are predominantly white, Protestant, married, and the modal age category was 20-24. Their geographic origin is rural, with over one-third of the fathers engaged in farming. Over one-third of the nurses are married to semi-professionals. The majority are diploma school graduates with no advanced training. Staff nurses account for the largest percentage and they work mostly on medical wards. Over half have worked at one or two hospitals since graduation and the same proportion

TABLE XXIV
ECONOMIC SITUATION OF REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Which of the following most nearly describes your economic situation?	Number of responses (N=166)	Percent of responses
I am single and support only myself	27	16.2
I am single and help support my family	6	3.6
I am married and my family depends on my salary to support them	25	15.1
I am married and my family depends on my salary to supply luxuries	78	47.0
My family does not depend on my financial contribution	30	18.1
Total	166	100.0
No response	1	

have been employed at the present hospital for three years or less. More than one-half of the nurses are employed full time and "patient care" is listed as taking up most of their time. Almost half of the sample state their families depend on their salary to supply luxuries.

II. FACTORS RELATED TO ROLE SATISFACTION

A more detailed analysis of the questions and answers concerned with role satisfaction was made to indicate the rank-order listing of (a) the positive, and (b) the negative aspects of the nursing profession, as reported by the nurse herself. Accordingly, the questionnaire contained two such items aimed at eliciting these responses. The specific questions were:

1. All things considered, what would you say is the single best thing about being a hospital nurse?
2. All things considered, what would you say is the single worst thing about being a hospital nurse?

Both questions were of the open-end variety; i.e., several lines were provided for the respondent to describe her own feeling about the matter. The replies were then grouped and classified according to the percentage of prevalence. With regard to the "single best thing," the replies were classified under five headings: (1) the feeling of helping others was designated patient care, (2) using life saving equipment, techniques, medicines, and keeping abreast of the changes in medicine was classified as nature of the work, (3) working with other members of the health team was listed as interpersonal relations, (4) monetary rewards was designated salary, (5) ability to choose hours was categorized under the heading hours. With regard to "single worst thing,"

the answers were more variable and had to be classified under six headings: (1) hours, (2) interpersonal relations, (3) insufficient staffing, (4) nature of the work, (5) salary, and (6) too much paper work.

Over half of the respondents (52.1 percent) listed patient care as the "single best thing," and over one-third (37.2 percent) stated the "single best thing" was the nature of the work. The remaining 10.7 percent mentioned hours, interpersonal relations, and salary. An interesting finding is to be noted here. Nurses apparently find the technical aspects of nursing almost as rewarding as patient care. Some interesting comments were selected from each category to give the reader an idea of how nurses perceive the situation regarding "the single best thing about being a hospital nurse."

Patient care:

Satisfaction of care for the sick.

Watching the patient make recovery.

Feeling you are helping someone, relieving pain and misery.

It is rewarding to be of help--it is a "missionary" calling in a way because the work is hard physically as well as taxing mentally.

One is in a position to help those in need without thinking of one's own personal gain or fame.

Nature of the work:

Variety of problems, both medical and surgical, offer challenges.

Opportunity to learn new things every day in nursing and medicine.

Challenges every minute of every working day.

Modern equipment to work with and learning new methods.

One can keep up with the changing trends in medicine by working in the center which provides medical care in all areas.

I am around the latest medical trends and a variety of intellectual minds.

Interpersonal relations:

Opportunity to work with large numbers of individuals as patients and staff.

Opportunity to work with doctors and know which are the best.

Hours:

You can work hours that are suitable for your family situation.

Ability to choose hours.

The complete percentage distribution and the rank-order of responses can be found in Table XXV.

The "single worst thing" about being a hospital nurse was hours (48 percent), and insufficient staffing was the second (25.6 percent). It was interesting to note that only 2 percent regarded salary as the "single worst thing." Like teachers, the nurses' salary in recent years has been increased considerably. Some interesting comments regarding the negative aspects of nursing are given below.

TABLE XXV

ROLE SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THE SINGLE BEST THING
ABOUT BEING A HOSPITAL NURSE,
DES MOINES, IOWA, 1970

ITEM: All things considered, what would you say is the single best thing about being a hospital nurse?	Rank-order of responses	No. (N=161)	Percent
Patient care	1	84	52.1
Nature of the work	2	60	37.2
Interpersonal relations	4	5	3.1
Salary	5	4	2.5
Hours	3	8	5.1
Total		161	100.0
No response		6	

Hours:

Having to work on holidays (particularly Christmas) when you have a family.

Weekends and early hours for a nurse with a family.

Working holidays and weekends because there is insufficient help for my people.

Weekends and holidays--if you have to work them at least time and a half should be paid.

Insufficient staffing:

Need for more help at times and frustration at not having it.

Lack of adequate staffing and being expected to perform duties of full staff with approximately half of it--public image of nurse is poor because of inadequate staff.

The poor nursing care provided the patients due to inadequate staff.

Insufficient staffing--we depend on float help so much, there is no continuity.

The danger of having too much responsibility due to short staff.

Interpersonal relations:

Inability to change the apathy and indifference shown in nursing care by co-employees.

Trying to do your job in spite of static from lab, pharmacy, diet, etc. and supervisors whose main concern is with paper work and V.I.P.s rather than patient-oriented care.

Some of the nursing personnel from other hospitals who need to be helped with better attitudes towards patient care and how to organize their work.

Having to work under supervisors who are incompetent nurses.

The impersonal feeling between nursing service and nurses is the worst thing about being a hospital nurse. We are treated a good deal of the time as if we are robots.

Putting up with patients.

Lack of serious consideration on part of hospital Administration to consult with nurses regarding lack of nurses, working conditions, wages, hours, etc.

Nature of the work:

Depressing because of some of the illness and such that you see.

Watching long term, terminal patients suffer and die--all ages, from babies to the very old.

Watching people die.

For me--long halls and walking.

Lifting and turning patients that are helpless.

Salary:

Emotional and physical work for small wages.

Should have time and a half pay for working weekends and holidays.

Too much paper work:

Enormous amount of paper work.

Take away the paper work and let her get back to nursing.

The complete percentage distribution and the rank-order of responses are given in Table XXVI.

TABLE XXVI

ROLE SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THE SINGLE WORST THING
ABOUT BEING A HOSPITAL NURSE, BY
RANK-ORDER, NUMBERS, AND PERCENT

ITEM: All things considered, what would you say is the single worst thing about being a hospital nurse?	Rank-order of responses	No. (N=152)	Percent of responses
Hours	1	70	46.0
Interpersonal relations	4	13	8.5
Insufficient staffing	2	39	25.6
Nature of the work	3	18	11.9
Salary	6	3	2.0
Too much paper work	5	6	4.0
Total		152	100.0
No response		15	

In summary, "patient care" and the "nature of the work" contribute the most to role satisfaction. "Hours" and "insufficient staffing" constitute the greatest drawbacks. Salary was regarded by only 2 percent of the sample as "the single worst thing."

Evaluation of profession. Eleven items on the questionnaire were focused on the nurses' evaluation of their profession, because it was felt that these responses would be especially meaningful in relation to role satisfaction. The manner in which any occupation or profession functions is determined in part by the attitudes and perceptions developed by its members toward it. In large measure, professional norms are taught and inculcated during the training period, and become the standard by which the individual measures his own conduct, as well as that of others in the profession. Furthermore, the values thus learned tend to diffuse into other areas of the individual's life.

Three types of questions were used to elicit responses in this area: (1) Likert type, (2) open ended, and (3) forced choice. They are listed below:

1. Do you think it takes more, about the same, or less intelligence to be a nurse than a teacher?
2. Do you think it takes more, about the same, or less intelligence to be a nurse than a social worker?
3. Who do you think has the higher status (prestige, respect) in the community, a nurse or a teacher?

4. Who do you think has the higher status (prestige, respect) in the community, a nurse or a social worker?
5. Do you feel the new trend toward the baccalaureate (B.S.) program produces a better nurse?
6. Would you encourage your daughter, a relative, or a good friend to become a nurse?
7. Why did you decide to become a nurse?
8. If it were up to you, what changes would you make in nursing practice?
9. If it were up to you, what changes would you make in nursing education?
10. If you could have your way, what would you most like to be doing about 5 years from now?
11. Knowing what you know now, if you had it to do over again, would you still desire to enter the nursing profession?

Over 73 percent of the nurses felt that nursing and teaching take the same intelligence, 22.5 percent felt that nursing takes more, and the remaining 3.7 percent said teaching takes more intelligence (Table XXVII).

The majority, 65 percent, felt that both nursing and social work require the same amount of intelligence, 33.8 percent felt that nursing takes more, and only 1.2 percent stated that social work takes more intelligence. Whether one-third felt nursing takes more intelligence because the social worker has relatively little impact in correcting the disease state, or most commonly is used only to facilitate transfer to a nursing home, or because the nurse is usually

TABLE XXVII

ROLE SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR PROFESSION,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Do you think it takes more, about the same, or less intelligence to be a nurse than a teacher?	Number of responses (N=164)	Percent of responses
Nursing takes more intelligence	37	22.5
Teaching takes more intelligence	6	3.7
Both take the same intelligence	121	73.8
Total	164	100.0
No response	3	

TABLE XXVIII

ROLE SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR PROFESSION,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Do you think it takes more, about the same, or less intelligence to be a nurse than a social worker?	Number of responses (N=163)	Percent of responses
Nursing takes more intelligence	55	33.8
Social work takes more intelligence	2	1.2
Both take the same intelligence	106	65.0
Total	163	100.0
No response	4	

asked to relay the doctors instructions (and thereby assume a commanding role over the social worker) is purely a matter of conjecture. See Table XXVIII.

The highest percentage (43) of the nurses felt that a teacher has more status in the community than a nurse, 37 percent thought they had equal status, and 20 percent felt the nurse had higher status (Table XXIX).

TABLE XXIX
ROLE SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR PROFESSION,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Who do you think has the higher status (prestige, respect) in the community, a nurse or a teacher?	Number of responses (N=164)	Percent of responses
Nurse has higher status	33	20.1
Teacher has higher status	71	43.3
Both have the same status	60	36.6
Total	164	100.0
No response	3	

Over 44 percent stated the nurse has higher status in the community than the social worker, 28.5 percent said the social worker has higher status, and 27.3 percent felt that both have equal respect. Images, whether real or unreal, are extremely important to the members of an occupational group, because the image is real to the person who holds it, and he

acts as though it were real. See Table XXX.

TABLE XXX

ROLE SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR PROFESSION,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Who do you think has the higher status (prestige, respect) in the community, a nurse or a social worker?	Number of responses (N=161)	Percent of responses
Nurse has higher status	71	44.1
Social worker has higher status	46	28.6
Both have same status	44	27.3
Total	161	100.0
No response	5	

The majority of respondents (83 percent) felt the new trend towards the baccalaureate program does not produce a better nurse. Since 97 percent of the sample were graduates from a diploma school, the data are not surprising. Some of the nurses added some interesting comments to elaborate on their choice of response. They were:

She thinks with her education she is too good to give patient care. This is one area where nurses are needed.

They know theory but not clinical experience.

Theory is fine, but from my own observation, they can't apply it to practical bedside nursing.

I am from the old school and I love good bedside nursing and patient care.

Book learning, yes--working with a heavy patient load--no.

TABLE XXXI

ROLE SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR PROFESSION,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Do you feel the new trend towards the baccalaureate (B.S.) program produces a better nurse?	Number of responses (N=159)		Percent of responses
	Yes	No	
	26	132	16.4
			83.0
Total	159		100.0
No response	8		

Over 72 percent said they would encourage their daughter, a relative, or a good friend to become a nurse, 26.9 percent said they would not, and less than 1 percent were undecided. Seven nurses did not respond to the question. Some of the nurses who gave negative responses added the following comments:

Not under the present trend.

Not as things are now.

Not at the present time.

Definitely not!

The largest percentage (61.5), said they decided to become a nurse because it is interesting and challenging, and 22.4 percent stated because it offered emotional satisfaction. Seven nurses did not respond and the reasons given by the

TABLE XXXII

ROLE SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR PROFESSION,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Would you encourage your daughter, a relative, or a good friend to become a nurse?	Number of responses (N=160)	Percent of responses
Yes	116	72.5
No	43	26.9
Undecided	1	0.6
Total	160	100.0
No response	7	

remainder of the group are varied. The first 5 responses in Table XXXIII were listed in that order in the questionnaire. The 6th response was: (f) other reason (specify). Patient care was purposely not listed in the first 5 choices, because it was felt that many would regard it as an "expected response." It is interesting that it was not mentioned by any nurse as "other reason." The reasons categorized under "others" were interesting and are given below.

I didn't decide--I just became a nurse.

I was a "middle child" and was seeking status.

An open ended question was used to find out the changes nurses would make in nursing practice. The responses were varied, so they were placed in nine categories: (1) less

TABLE XXXIII

ROLE SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR PROFESSION,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Why did you decide to become a nurse?	Number of responses (N=161)	Percent of responses
It offers emotional satisfaction.	36	22.4
It is a good preparation for marriage.	3	1.9
It offers opportunity to supplement family income.	1	0.6
It is interesting and challenging.	99	61.5
I knew someone who was a nurse.	15	9.3
I cared for a sick relative.	2	1.2
I couldn't afford college.	3	1.9
Others	2	1.2
Total	161	100.0
No response	6	

paper work, (2) more patient care, (3) give nurses more authority, (4) more clinical experience, (5) more communication, (6) better staffing, (7) specialization, (8) more inservice training, and (9) better working hours.

"More patient care" headed the list (27 percent) and less paper work was second highest (21.3 percent). The complete percentage distribution is presented in Table XXXIV. Some of the more interesting comments in each of the categories are:

More patient care:

Bring bedside nursing back to utmost importance.

More patient contact--stressing the role of the nurse in the emotional well-being of the patient.

Go back to good bedside nursing.

Less paper work:

Cut out all unnecessary paper work that is irrelevant..

Charting only pertinent facts. If there are none, no charting should be necessary.

I would like not to have to chart on each patient, every shift. Charting should be done only if you have pertinent information.

Condensation of paper work so the nurse can spend more time with the patient.

Give nurses more authority:

Give nurse more authority and control over areas they are responsible for and give them a voice in policy and practice relating to nursing care.

Convince M.D.s that nurses are able to make nursing care diagnosis as to when a patient can wash her hair.

More clinical experience:

Students should have more clinical experience.

Supervisors and nursing service would be required to spend so much time doing nursing on a unit so they can see what changes need to be made instead of sitting behind a desk all of the time.

Getting all nursing personnel out at the bedside instead of some staying in the nurses stations and using their position to delegate duties and never knowing what the patient really needs.

More communication:

More interest, more meetings and "pep" talks to get all people involved in doing their best.

Better communication between co-workers.

The nurse needs more time to listen to patients' problems and needs.

Teach nurses how to communicate with patients.

The main suggestion I have is for much better communications and understanding from the nursing office instead of their continual criticisms from the sidelines.

Better staffing:

More professional personnel on duty so that more individualized patient care could be given.

There should be R.N.'s on all shifts.

Make more nurses available for patient care.

Specialization:

A year of internship for new Grads in one or more of their areas of preference.

Specialized training courses (further education) in area in which R.N. is working.

More courses in Diabetes, Heart attacks and C.V.A.'s.

I think nursing should take on "specialties" and practice in the area of this "specialty." To me, there is nothing more dangerous than a jack-of-all-trades nurse.

More inservice training:

Inservice training within department. Students need more theory before practice.

Inservice programs on use of new equipment (defribillator, Bennet Respirator, etc.)

More inservice meetings to inform and teach workers.

Better working hours:

Try to set up better working hour schedule.

More even flow of workers--change shifts to 8-4-12 midnight.

TABLE XXXIV

ROLE SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR PROFESSION,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: If it were up to you, what changes would you make in nursing practice?	Number of responses (N=122)	Percent of responses
Less paper work	26	21.3
More patient care	33	27.0
Give nurse more authority	3	2.4
More clinical experience	14	11.5
More communication	13	10.7
Better staffing	13	10.7
Specialization	4	3.3
More inservice training	12	9.8
Better working hours	4	3.3
Total	122	100.0
No response	45	

Another open ended question was used to determine the changes nurses would like to make in nursing education. Again, the responses were so varied that seven categories were established. They were: (1) more clinical experience, (2) give students more responsibility, (3) more communication, (4) more advanced education, (5) better qualified instructors, (6) change different types of programs, and (7) stress patient care. More clinical experience was reported by 60 percent, and the second largest response (14.3 percent) was more advanced

education. Twenty-seven nurses did not respond. The complete percentage distribution is given in Table XXXV. Some of the comments are listed under the appropriate categories.

More clinical experience:

They need more clinical experience.

Increase clinical practice so a nurse knows how to insert foleys and levines when she graduates--not just the theory and classroom instruction on how.

More advanced education:

I feel a nurse needs a broader education than a diploma school.

More graduate education through the state--easier to progress upward--aide--L.P.N.--B.S.N.--Health Assistant or doctor. Many find the circumstances of their lives change and they are interested in moving on or they were misguided in the first place from an educational ability standpoint.

More emphasis on Psych and Sociology.

All should have a degree.

Make it less difficult for diploma graduates to get a degree. More credit for 3 years.

Opportunity for R.N.'s to get their degrees by giving "credits" for what they have accomplished.

Student program is adequate--nothing for graduates here in Des Moines in college.

Continuation of education to post-graduates by offering specific courses.

Give students more responsibility:

Nursing students would work 3-11 and 11-7 and be given responsibility under an R.N. so they would be better able to cope with these positions when they graduate--new graduates most often get these two shifts.

Students need more responsibility working charge, nights, etc.

More communication:

Improve communication skills.

Improve doctor-nurse communications.

Better qualified instructors:

Get rid of instructors that are inadequate and don't have proper requirements to teach.

Making sure each student nurse was taught good bedside care instead of good charting. Charting is only as important as the care that was first given.

Better teachers who can relate to girls.

Have instructors practice what they teach.

Change different types of programs:

Eliminate L.P.N.'s and 4 year schools--make everybody go 3 years.

Have only a 2 year course and 4 year course and cut out L.P.N. 1 year course and the 3 year course.

Develop "Ladder" type of education process.
Eliminate the present isolated systems of nursing education.

Stress patient care:

Get the nurse back to the patients' needs, care, and away from the paper.

Get more nurses back to bedside nursing instead of everyone wanting to be supervisors or just "glamorous" nurses.

Get away from the desk and out with the patient.

TABLE XXXV

ROLE SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR PROFESSION,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENTS

ITEM: If it were up to you, what changes would you make in nursing education?	Number of responses (N=140)	Percent of responses
More clinical experience	84	60.0
Give students more responsibility	11	7.9
More communication	5	3.6
Better qualified instructors	7	5.0
Change different types of programs	4	2.8
Stress patient care	9	6.4
More advanced education	20	14.3
Total	140	100.0
No response	27	

Over half (54.8 percent) of the nurses would like to be working at the same hospital about 5 years from now, and the second highest response (17.2 percent), said they would like to stay at home. The 10.8 percent who said they would like to get a different job frequently mentioned office or school nursing. It appears that this group feels strongly about having to work different shifts, holidays, and weekends at the hospital. Others said (6.4 percent) they would like to be nursing at another hospital and 1.9 percent would like teaching or administration in the hospital setting. Ten in the sample did not respond. See Table XXXVI.

TABLE XXXVI

ROLE SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR PROFESSION,
DES MOINES, IOWA, 1970
BY NUMBERS AND PERCENT

ITEM: If you could have your way, what would you most like to be doing about 5 years from now?	Number of responses (N=157)	Percent of responses
Working at the same hospital	86	54.8
Nursing at another hospital	10	6.4
Stay at home	27	17.2
Retire	14	8.9
Get a different job	17	10.8
Teaching or administration	3	1.9
Total	157	100.0
No response	10	

Over two-thirds (81.9 percent) of the sample said that if they had it to do over again, they would still enter the nursing profession, 13.6 percent said they would not, 4.5 percent were undecided, and 12 nurses did not respond to the question. See Table XXXVII.

In summary, nurses feel that it requires the same amount of intelligence to be a nurse as it does to become a teacher, and that social work and nursing take the same intelligence. They feel that the public views teachers as having higher status than the nurse, but that nurses have higher status in the community than social workers. Over two-thirds of the sample think the new trend towards the baccalaureate program in

TABLE XXXVII
 ROLE SATISFACTION OF REGISTERED NURSES AS MEASURED
 BY THEIR EVALUATION OF THEIR PROFESSION,
 DES MOINES, IOWA, 1970,
 BY NUMBERS AND PERCENT

ITEM: Knowing what you know now, if you had it to do over again, would you still desire to enter the nursing profession?	Number of responses (N=155)	Percent of responses
Yes	127	81.9
No	21	13.6
Undecided	7	4.5
Total	155	100.0
No response	12	

nursing does not produce a better nurse. Almost two-thirds of the respondents would encourage their daughters to become nurses and over half of them chose nursing because it is interesting and challenging. Changes suggested in nursing practice would be more emphasis on patient care and less paper work. Suggested changes in nursing education would be more emphasis on clinical experience and more advanced education for nurses. Over half of the sample would like to be working at the same hospital about 5 years from now and over two-thirds of the respondents said that if they had it to do over again, they would still enter the nursing profession. The writer concludes that role satisfaction among registered nurses

in the six Des Moines general hospitals was high in their evaluation of their profession.

III. FACTORS RELATED TO JOB SATISFACTION

Twenty-seven variables were used to examine job satisfaction, and these were divided into six categories: (1) salary, (2) mobility, (3) interpersonal relations, (4) competence of co-workers, (5) evaluation of hospital, and (6) personnel policies.

Salary. The writer had expected that salary would rank high in the list of complaints regarding job satisfaction. Accordingly, two questionnaire items were directed to this category. The specific questions were:

1. What is your "take home" pay per month?
2. Do you think this is a fair salary?

"Take home" pay was used in phrasing the question in order to emphasize their spendable income. The majority of the respondents (35 percent) were in the \$400-499 bracket, 15 percent are in the \$500-599, and another 15 percent were in the \$100-199 group. The range of salaries was large because 41 percent of the sample were part-time workers. Table XXXVIII gives the complete breakdown on salary.

Slightly over 74 percent perceived their salary as a fair one (Table XXXIX). This response indicates that almost two-thirds of the sample are satisfied and the writer

therefore concludes that salary is not a major deterrent to job satisfaction.

TABLE XXXVIII
SALARIES OF FULL-TIME AND PART-TIME REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

"Take home" pay per month	Number of responses (N=165)	Percent of responses
0-99	5	3.0
100-199	25	15.2
200-299	20	12.1
300-399	9	5.4
400-499	58	35.2
500-599	26	15.8
600-699	13	7.8
700-799	7	4.2
800-899	1	0.6
900-999	---	---
1000	1	0.6
Total	165	100.0
No response	2	

Mobility. Another dimension of job satisfaction in nursing as well as any other occupation, relates to the opportunity for advancement. A nurse may be relatively satisfied with salary, interpersonal relations, etc., but if there is no opportunity for advancement, job satisfaction may suffer. The following queries were directed to this area.

1. Would you like to hold a higher ranking job, or are you satisfied with your present level of responsibility?

TABLE XXXIX

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR PERCEIVED FAIRNESS OF SALARY,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Do you think the salary you are getting is a fair one?	Number of responses (N=166)	Percent of responses
Yes	123	74.1
No	43	25.9
Total	166	100.0
No response	1	

2. In your hospital, is it possible for you to move into a higher ranking job?

Over 76 percent stated that they were satisfied with their present level of responsibility. That the average nurse has no desire to hold a higher ranking job within the profession is surprising. However, it is possible that many charge nurses, faced with a shortage of R.N.'s, must assign nursing duties to auxiliaries and be responsible for the outcome. Staff nurses often do not want to assume this type of responsibility. Delegating nursing duties to one auxiliary may offend the others and result in having to work with disgruntled assistants. Holding a higher ranking job implies ability to assess nursing personnel, make sound judgments, do justice to the patients and at the same time keep the unit

running smoothly. The pressures to accomplish all of the above is at times staggering.

More than 74 percent of the nurses stated that it was possible for them to move into a higher ranking job in their hospital, and about the same proportion of the sample reported that they were satisfied with their present level of responsibility (Tables XL and XLI). It was felt that the 23 percent who were not satisfied with their present level of responsibility might be the part-time workers, but such was not the case. Cross tabulations were made and there appeared to be no relationship between part-time workers and satisfaction with their present level of responsibility.

TABLE XL

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF OPPORTUNITIES FOR
ADVANCEMENT, DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Would you like to hold a higher ranking job, or are you satisfied with your present level of responsibility?	Number of responses (N=164)	Percent of responses
Would like to hold a higher ranking job	38	23.1
Satisfied with present level of responsibility	126	76.8
Total	164	100.0
No response	3	

TABLE XLI

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF OPPORTUNITIES FOR
ADVANCEMENT, DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: In your hospital, is it possible for you to move into a higher ranking job?	Number of responses (N=164)	Percent of responses
Yes	122	74.4
No	42	25.6
Total	164	
No response	3	

Interpersonal relations. As a part of the job satisfaction picture, six items on the questionnaire were aimed at eliciting responses descriptive of the relationship between members within the hospital structure. They were:

1. Do you think the morale on your ward is excellent, good, average, poor, or no opinion?
2. Do you feel that there is good communication between the nurses and the nursing office?
3. Do you feel that there is good communication between the nurses and the administration?
4. Are the doctors in your hospital pleasant and reasonable to work with: all of them, most of them, half of them, a few of them, or none of them?
5. Do doctors offer constructive criticism if a nurse makes a mistake: all of them, most of them, half of them, a few of them, or none of them?
6. Do you feel that your immediate supervisor is fair and pleasant to work with: all of the time, most of the time, some of the time, rarely, or never?

Over 46 percent of the respondents felt that morale on their ward was good, 13.8 percent stated it was excellent, 32.9 percent thought it was average, and slightly over 6 percent stated it was poor. This indicates that there is good rapport between the members of the health team and also with patients. See Table XLII.

TABLE XLII

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF INTERPERSONAL RELATIONS,
DES MOINES, IOWA, 1970, BY RANK-ORDER,
NUMBERS, AND PERCENT

ITEM: Do you think the morale on your ward is excellent, good, average, poor, or no opinion?	Rank-order of responses	No. (N=167)	Percent
Excellent	3	23	13.8
Good	1	77	46.1
Average	2	55	32.9
Poor	4	11	6.6
No opinion	5	1	0.6
Total		167	100.0

Fifty-six percent of the sample report good communication between the nurses and the nursing office, and 43 percent responded negatively. The variability on this item is relatively small, which indicates this is an area in which there is need of improvement. The question was structured as forced choice. However, some of the nurses who responded negatively

added comments. A few of them are listed below. Also note Table XLIII.

I don't feel the nursing office represents me or our nursing majority.

No communication with 3-11 or 11-7 staff.

They are too concerned with telling us who to be nice to, etc.

No!!!!

TABLE XLIII

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF INTERPERSONAL RELATIONS,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Do you feel that there is good communication between the nurses and the nursing office?	Number of responses (N=164)	Percent of responses
Yes	93	56.7
No	71	43.3
Total	164	100.0
No response	3	

Over 61 percent of the sample stated there was not good communication between the nurses and the administration. The remaining 38.7 percent felt there was. Staff nurses, as a rule, deal with the administrator through the director of nursing service, so the significance of these findings is somewhat questionable. This question was also structured as

a forced choice but some of the nurses who responded negatively added these comments. Also note Table XLIV.

Administration has a deaf ear!

I feel there is a misunderstanding in what is needed to give better nursing care.

Very bad, in fact!

TABLE XLIV

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF INTERPERSONAL RELATIONS,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Do you feel that there is good communication between the nurses and the adminis- tration?	Number of responses (N=163)	Percent of responses
Yes	63	38.7
No	100	61.3
Total	163	100.0
No response	4	

Slightly over 86 percent of the nurses felt most of the doctors in their hospital were pleasant and reasonable to work with, 7.8 percent stated all of them were and only 2.4 percent said a few of them. However, one of the respondents added this comment, "One of the doctors . . . is the most unreasonable and ill-mannered human being I've ever met. Have never heard of anyone else liking him either." Note Table XLV.

TABLE XLV

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF INTERPERSONAL RELATIONS,
DES MOINES, IOWA, 1970, BY RANK-ORDER,
NUMBERS AND PERCENT

ITEM: Do you feel the doctors in your hospital are pleasant and reasonable to work with?	Rank-order of responses	No. (N=166)	Percent
All of them	2	13	7.8
Most of them	1	143	86.2
Half of them	3	6	3.6
A few of them	4	4	2.4
None of them	5	---	---
Total		166	100.0
No response		1	

Over half (57.2 percent) of the sample stated that most of the doctors offer constructive criticism if a nurse makes a mistake, 22.3 percent said a few of them do, 11.5 percent said half of them, and only 3.6 reported none of them. One of the nurses wrote the comment "very few" beside her response, and some of the other respondents wrote rather lengthy remarks which are given below. Also note Table XLVI.

I feel that too often a doctor criticizes the first nurse he contacts without taking any time to find out who caused an error. Also they rarely want to hear an explanation. I respect fair and just criticism.

A few hit the ceiling over mistakes. Not with me in particular but my department.

TABLE XLVI

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF INTERPERSONAL RELATIONS,
DES MOINES, IOWA, 1970, BY RANK-ORDER,
NUMBERS AND PERCENT

ITEM: Do doctors offer constructive criticism if a nurse makes a mistake?	Rank-order of responses	No. (N=166)	Percent
All of them	4	9	5.4
Most of them	1	95	57.2
Half of them	3	19	11.5
A few of them	2	37	22.3
None of them	5	6	3.6
Total		166	100.0
No response		1	

Over half (55.1 percent) of the responses indicate nurses feel their immediate supervisor is very fair and pleasant to work with most of the time, 34.1 percent stated they were all of the time, and less than 1 percent said "never." Table XLVII presents the frequency distribution.

In summary, the data indicate that over 59 percent of the sample felt that morale on their ward was good, 56 percent felt that there was good communication between the nurses and the nursing office, and over 93 percent felt that most of the doctors in their hospital were pleasant and reasonable to work with. More than 94 percent of the respondents stated that most of the doctors offer constructive criticism if a nurse makes a mistake, and 89 percent thought their immediate

TABLE XLVII

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF INTERPERSONAL RELATIONS,
DES MOINES, IOWA, 1970, BY RANK-ORDER,
NUMBERS AND PERCENT

ITEM: Do you feel that your immediate supervisor is very fair and pleasant to work with?	Rank-order of responses	No. (N=167)	Percent
All of the time	2	57	34.1
Most of the time	1	92	55.1
Some of the time	3	13	7.8
Rarely	4	4	2.4
Never	5	1	0.6
Total		167	100.0

supervisors were very fair and pleasant to work with. On the negative side, communication between the nurses and the administration was perceived by slightly over 61 percent as poor. In general, it may be concluded that interpersonal relations are rated good to excellent, and that job satisfaction has a positive score in this area.

Competence of co-workers. Competence is a highly prized virtue in the bureaucratic structure and the hospital is no exception. The following questions were aimed at eliciting responses regarding the manner in which it is perceived.

1. Do you feel that the doctors in your hospital are competent: all of them, most of them, half of them, some of them, or none of them?

2. Do you feel that the aides and orderlies are adequately trained in your hospital?
3. Do you think nursing care on your ward is: very good, good, adequate, inadequate, or poor?
4. Do you feel that practical nurses should be given more responsibility?

Over 86 percent of the nurses felt that most of the doctors in their hospital are competent and another 10.8 percent stated that all of them are. Only 3 percent felt that half of them or some of them were. Note Table XLVIII.

TABLE XLVIII

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF COMPETENCE OF
CO-WORKERS, DES MOINES, IOWA, 1970,
BY RANK-ORDER, NUMBERS AND PERCENT

ITEM: Do you feel that the doctors in your hospital are competent?	Rank-order of responses	No. (N=166)	Percent
All of them	2	18	10.8
Most of them	1	143	86.2
Half of them	3	4	2.4
Some of them	4	1	0.6
None of them	5	---	---
Total		166	100.0
No response		1	

More than 62 percent of the sample felt that the aides and orderlies are adequately trained in their hospital (Table XLIX in Appendix). Over 51 percent felt that nursing care on their ward was good, 33 percent stated it was excellent, and almost 13 percent reported it was adequate. No one felt that it was poor, and only 2.5 percent thought it was inadequate (Table L). The majority of the respondents (80 percent) felt that practical nurses should not be given more responsibility. One nurse added this comment to her response:

TABLE L
JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF COMPETENCE OF
CO-WORKERS, DES MOINES, IOWA, 1970,
BY RANK-ORDER, NUMBERS AND PERCENT

ITEM: Do you think nursing care on your ward is very good, good, adequate, inade- quate, or poor?	Rank-order of responses	No. (N=163)	Percent
Very good	2	54	33.1
Good	1	84	51.5
Adequate	3	21	12.9
Inadequate	4	4	2.5
Poor	---	---	---
Total		163	100.0
No response		4	

There was much more efficient care in the days of registered nurse only on hospital floors, with a closer knit feeling, better morale and with the patient getting immediate aid. Now there are too many message carriers, with the R.N. being overworked because of the inability of certain people to carry out procedures. The categories of L.P.N. and aides are undermining the nursing profession.

This remark was made by a middle-age nurse and it is not surprising, since practical nurses do many of the tasks that the graduate nurse herself does, but the L.P.N. doesn't have the same amount of training or background in theory. The nurse has had her functions restricted to a circumscribed area, and many duties formerly performed by R.N.s are now the responsibility of other hospital employees. Nurses apparently do not clearly conceive of their relative position in these new relationships. One of the major and immediate consequences of this orientation has been that nurses have attempted to hold to the traditional definitions, at a high cost both in efficiency and in their own adjustment to the hospital situation. It is obvious that better utilization and reallocation of labor power is one of the answers to the shortage of nursing personnel. Note Table LI in Appendix.

In summary, the data indicate that almost 97 percent of the sample felt that most of the doctors in their hospital are competent, 6 out of 10 respondents felt the aides and orderlies in their hospital are adequately trained, and 8 out of 10 rated nursing care on their ward from good to excellent. Eight out of 10 nurses felt that practical nurses should not

be given more responsibility. The writer concludes that the overall assessment of competence of co-workers is indicative of a positive score on job satisfaction.

Evaluation of hospital. Another component of job satisfaction relates to the hospital in which the nurses work. Six of the items on the questionnaire pertained to the place of employment. They were:

1. Which of the following most nearly describes your attitude toward your present employment situation? (strongly like, like, dislike, etc.)
2. Do you think your hospital is well equipped and maintained?
3. In comparison with other hospitals in this area, how would you rate the hospital in which you work? (excellent, good, adequate, etc.)
4. Do you feel that Des Moines hospitals offer the same opportunities as hospitals elsewhere?
5. Why did you choose this hospital to work in?
6. Do you feel that you have adequate staffing for your shift (R.N.s, Aides, etc.)?

Almost 62 percent of the nurses stated they like their present job, and another 32.3 percent said they strongly like their job. No one said they strongly dislike their job, and only 2.4 percent said they dislike their present one. See Table LII.

More than 80 percent of the respondents said they thought their hospital was well equipped and maintained (Table LIII in Appendix). Fifty-six percent rated their hospital as good and 35 percent rated it excellent. No one rated their hospital

TABLE LII

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR HOSPITAL
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Which of the following most nearly describes your attitude toward your present employment situation?	Number of responses (N=167)	Percent of responses
Strongly like my present job	54	32.3
Like my present job	103	61.7
Neither like nor dislike my present job	6	3.6
Dislike my present job	4	2.4
Strongly dislike my present job	---	---
Total	167	100.0

as poor (Table LIV). Over 82 percent said they felt that Des Moines hospitals offer the same opportunities as hospitals elsewhere (Table LV in Appendix).

An open-ended question was used for the respondent to state her reason for choosing the hospital she works in. The responses were so varied that nine categories were established: (1) graduated from this hospital, (2) similar to hospital I trained in, (3) worked here before, (4) size of hospital, (5) location, (6) reputation of staff nurses and/or doctors, (7) wanted a specific department, (8) opening at the time of application, and (9) ability to choose hours.

The largest proportion of nurses (44.4 percent) said they graduated from this hospital. This was not surprising,

TABLE LIV

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR HOSPITAL,
DES MOINES, IOWA, 1970, BY RANK-ORDER,
NUMBERS AND PERCENT

ITEM: In comparison with other hospitals in this area, how would you rate the hos- pital in which you work?	Rank-order of responses	No. (N=157)	Percent
Excellent	2	55	35.0
Good	1	88	56.0
Adequate	3	12	7.7
Fair	4	2	1.3
Poor	5	---	---
Total		157	
No response		10	

because there are four hospital affiliated nursing schools in Des Moines, and it is not uncommon for the graduates to stay on after graduation. Loyalty to their hospital school is perhaps another reason. The second highest percentage (14.4 percent) chose the present hospital because of the reputation of staff nurses and/or doctors. Like many other occupations, nurses prefer to work where their friends are. See Table LVI.

Nurses felt that "most of the time" (50.6 percent), they have adequate staffing for their shift, 34 percent felt "some of the time," 9 percent checked "rarely," 5.4 percent said "all of the time" and less than 1 percent said "never." Note Table LVII.

TABLE LVI

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR HOSPITAL,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Why did you choose this hospital to work in?	Number of responses (N=160)	Percent of responses
Graduated from this hospital	71	44.4
Reputation of staff	23	14.4
Location	22	13.8
Opening at time of application	17	10.6
Size of hospital	8	5.0
Similar to hospital I trained at	8	5.0
Wanted a specific department	6	3.7
Ability to choose hours	3	1.9
Worked here before	2	1.2
Total	160	100.0
No response	7	

TABLE LVII

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR HOSPITAL,
DES MOINES, IOWA, 1970, BY RANK-ORDER,
NUMBERS, AND PERCENT

ITEM: Do you feel that you have adequate staffing for your shift (R.N.s, Aides, etc.)	Rank-order of responses	No. (N=166)	Percent
All of the time	3	9	5.4
Most of the time	1	84	50.6
Some of the time	2	57	34.0
Rarely	4	15	9.0
Never	5	1	0.6
Total		166	100.0
No response		1	

In summary, more than 90 percent of the respondents like their present job, 8 out of every 10 of them thought their hospital was well equipped and maintained, and the same proportion felt that Des Moines hospitals offer the same opportunities as hospitals elsewhere. Ninety-one percent rated their hospital within the categories of good to excellent. Over 44 percent chose the hospital they work in because they graduated from there. The writer concludes that job satisfaction has a positive score in the nurses' evaluation of the hospital they work in.

Personnel policies. The manner in which personnel policies are perceived in a hospital undoubtedly has some effect on job satisfaction. In fact, some of the literature refers to this as one of the major causes of turnover. Therefore, eight questions were directed toward learning something about the nurses' perception of personnel policies. They are:

1. Do you feel that the nursing office is concerned for the individual circumstances in regard to vacation time and working hours?
2. Do you feel that doctors shift too much responsibility on the nurse?
3. When you were first employed at this hospital were your duties and responsibilities clearly explained to you?
4. Were conditions of work, salary, hours of work, and other benefits clearly explained to you?
5. Have working conditions, hours, or place of work been changed in a way which you dislike or is it different than promised you originally? If "yes," explain.

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6. Are you expected to rotate shifts?
 7. Do you feel that you should have more responsibility and freedom in making decisions on your job?
 8. Do you feel that suggestions you make are given fair and thoughtful consideration and are implemented?

Almost 55 percent of the nurses felt that the nursing office is concerned for their individual circumstances in regard to vacation time and working hours, and at the other extreme less than 3 percent stated "never." Table LVIII shows how they view the situation.

TABLE LVIII

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF PERSONNEL POLICIES,
DES MOINES, IOWA, 1970, BY RANK-ORDER,
NUMBERS AND PERCENT

ITEM: Do you feel that the nursing office is concerned for the nurses' individual circumstances in regard to vacation time and working hours?	Rank-order of responses	No. (N=164)	Percent
All of the time	4	19	11.6
Most of the time	1	90	54.9
Half of the time	3	24	14.6
Occasionally	2	27	16.5
Never	5	4	2.4
Total		164	100.0
No response		3	

Over 56 percent of the nurses felt that only a few of the doctors shift too much responsibility on them, and another

9.1 percent felt that none of them do. Twelve percent felt that half of the doctors shift too much responsibility on them, and another 11 percent said most of them do. Note Table LIX.

TABLE LIX

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF PERSONNEL POLICIES,
DES MOINES, IOWA, 1970, BY RANK-ORDER,
NUMBERS AND PERCENT

ITEM: Do you feel that doctors shift too much responsibility on the nurse?	Rank-order of responses	No. (N=166)	Percent
All of them	5	2	1.2
Most of them	3	19	11.4
Half of them	2	21	12.6
A few of them	1	109	56.7
None of them	4	15	9.1
Total		166	100.0
No response		1	

Sixty-six percent of the nurses said their duties and responsibilities were clearly explained to them when they were first employed at the present hospital. Seventy-four percent said conditions of work, salary, hours of work, and other benefits were clearly explained. Almost 79 percent stated that working conditions, hours, and place of work had not been changed other than that which was promised them originally. See Tables LX, LXI, and LXII in the Appendix.

The 21 percent who felt working conditions had been changed unsatisfactorily gave the following reasons which are presented in the percentage distribution in Table LXIII.

TABLE LXIII

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF PERSONNEL POLICIES,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Change in working conditions	Number of responses (N=34)	Percent of responses
Work situation	10	29.4
Can't express opinions	6	17.6
Shortage of personnel	6	17.6
Too many changes in department assignments	9	26.5
Hours	2	5.9
Too much responsibility	1	2.9
Total	34	100.0

Ninety-two percent stated they were not expected to rotate shifts. Most of the respondents (82.4 percent) did not feel they should have more responsibility and freedom in making decisions on the job. See Tables LXIV and LXV in the Appendix. There was more variability in regard to the degree in which nurses felt that their suggestions were given fair and thoughtful consideration and were implemented. Almost 41 percent said they were "most of the time" and another 4.8 percent said "all of the time." Over 37.4 percent stated

their suggestions are considered "some of the time." Fifteen and one-tenths percent said "rarely" and only 1.8 percent said "never." See Table LXVI.

TABLE LXVI

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF PERSONNEL POLICIES,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Do you feel that suggestions you make are given fair and thoughtful consideration and are implemented?	Rank-order of responses	No. (N=166)	Percent
All of the time	4	8	4.8
Most of the time	1	68	40.9
Some of the time	2	62	37.4
Rarely	3	25	15.1
Never	5	3	1.8
Total		166	100.0
No response		1	

In summary, over half of the nurses felt that the nursing office is concerned for the nurses' individual circumstances in regard to vacation time and working hours. More than 50 percent of the respondents felt that only a few of the doctors shift too much responsibility on them. Six out of every 10 in the sample reported that their duties and responsibilities were clearly explained to them when they were first employed at the present hospital.

Almost two-thirds of the group said conditions of work, salary, hours of work, and other benefits were clearly explained and over two-thirds of them stated that working conditions, hours and place of work had not been changed from those promised originally. The 21 percent who were dissatisfied listed "too many changes in department assignments," "shortage of personnel," and "work situation" as some of the reasons. The majority stated they were not expected to rotate shifts, and did not feel they should have more responsibility and freedom in making decisions on the job. Slightly less than half felt their suggestions were given fair and thoughtful consideration and were implemented. The writer concludes that job satisfaction has a positive score in personnel policies.

Results. The study examined 68 variables. Twenty-four of these were used to provide a quantitative presentation of the general characteristics of the sample. Thirteen variables were used to examine role satisfaction, and 27 pertained to job satisfaction. Cross tabulations were made to examine responses on role and job satisfaction to determine if there was a relationship between the items in these categories and the general population characteristics. It was found that role and job satisfaction among hospital nurses is largely independent of such factors as age, marital status, religion, and background factors.

Percentage tables were constructed to show the relative frequency of responses to the items on the questionnaire. The percentages indicating highest level of satisfaction for each of the appropriate, quantified items in the categories of job and role satisfaction were rank-ordered from highest to lowest percentage of agreement. This was intended to indicate the areas in which the nurses expressed the greatest amount of agreement on factors with which they were content. It was concluded that registered nurses in the Des Moines hospitals are in the main quite satisfied with both their role and their jobs. The lowest percentage of agreement (56.7 percent) on role satisfaction was obtained for the item, "Who do you think has the higher status (prestige, respect) in the community, a nurse or a teacher?" See Table LXVII in the Appendix. It was found that the lowest percentages were obtained on those items relating to staffing (56.0 percent), and on communication both between the nursing office and the nurses and between the administration and the nurses. The percentages were 56.7 for the former and 38.7 for the latter. See Table LXVIII in the Appendix.

Role and job satisfaction were examined further to determine if the same respondents scored high on both constructs. Accordingly, two scales were devised by recoding the 9 items under role satisfaction by weighting and summing the responses. The highest obtainable scale score was 27 and

the lowest was 9. Twenty-seven items on job satisfaction were recoded and the responses were weighted and summed. The highest obtainable scale score for job satisfaction was 75 and the lowest was 25. The results were a mean scale score of 19.59 with a standard deviation of 5.85 for role satisfaction and a mean scale score of 57.19 with a standard deviation of 3.16 for job satisfaction. It was found that the same respondents did not score high on both role and job satisfaction and there appeared to be no relationship between the two.

CHAPTER V

SUMMARY, CONCLUSIONS, AND SUGGESTIONS FOR FURTHER RESEARCH

The increasing complexity of scientific medicine, the demands of Medicare and other governmental health legislation, and a growing population which is more informed and sophisticated regarding health matters are factors dramatizing the increasing discrepancy between the supply and demand of registered nurses. There is widespread agreement that one of the perplexing dilemmas confronting physicians and hospital administrators is the perennial problem of personnel shortage. This problem may not be entirely due to gross insufficiency of numbers. The nurses' satisfaction or dissatisfaction with her role and/or job may also help determine whether or not a nurse remains in hospital work. The present study was a step in the direction of gathering information on the attitudes of nurses toward themselves, their profession, the hospital they work in, and the people they work with to gain insight into the problem.

The problem in this study was to explore and identify the complex of attitudes and perceptions which are significantly related to role and job satisfaction of registered nurses in the six Des Moines general hospitals.

The study focused on the following questions as they related to role satisfaction:

1. What positive and negative aspects of nursing contribute the most and which constitute the greatest drawbacks in role satisfaction?
2. What do nurses think about their profession?

Job satisfaction included the following questions:

1. Do nurses perceive their salary as a fair one?
2. Do nurses feel there is opportunity for advancement in their hospital?
3. What is the quality of interpersonal relations with co-workers?
4. Do nurses feel their co-workers are competent?
5. Do nurses perceive personnel policies as reflecting concern for them?

For the purposes of this study, role satisfaction was operationally defined as the positive answers to specified questions with the exception of item 54 to which a "no" reply is appropriate. Likewise, job satisfaction was operationally defined as the positive responses to specified questions with the exception of items 44, 47, 48, and 49 to which a "no" reply is appropriate.

The purpose of the study was to identify the attitudes and perceptions of registered nurses in the six Des Moines general hospitals, using an instrument designed to measure role and job satisfaction. It was hoped that this study could provide insight into the complexities of job and role satis-

faction, as well as provide hospital administrators with useful information in the constant struggle to adequately staff their hospitals.

The limitations of the study were centered around the survey instrument. Confounding or limiting factors were: the subjective nature of the nurses' expressed perception about themselves, their job, and their profession; the validity of the items in the instrument; and the length of the questionnaire. However, these factors seem to be accounted for by (1) the high concordance rates of nurses' responses, (2) the pre-testing of the instrument by a panel of six nurses, and (3) by the high rate of return (70 percent).

Role theory, because of its proved heuristic value, was found to be the most appropriate conceptual framework for this study. From this basic structure, the constructs of role and job satisfaction were evolved.

The writer interviewed each of the administrators from the six Des Moines general hospitals to discuss the study and obtain permission to use their list of registered nurses with their home addresses. The subjects were selected from the list supplied by each hospital through the use of a table of random numbers. A random sample of 30 percent was drawn from the general population of registered nurses employed in the six Des Moines general hospitals.

Five of the hospitals in the study were voluntary in type of control, and are supported by the community or religious groups who depend upon endowments, public subscription, and fees from patients for operating funds. One of the hospitals is publicly owned and administered by the county. Three of the hospitals were under 200 beds, two were over 300, and one was over 500 beds. All six of the hospitals were located within the Metropolitan area. Four of the six were affiliated with schools of nursing. Five of the hospitals were staffed by medical doctors and one was staffed exclusively by osteopathic physicians.

A mailed questionnaire consisting of 70 items in the Likert type, fixed alternatives, forced choice, and open ended questions was the survey instrument used. Twelve questions were taken from the questionnaire designed by Marvin Bressler and William Kephart for the Pennsylvania Nurses' Association survey to compare attitudes toward nursing with the present study. Stationery from the Health Planning Council of Central Iowa was used and the writer signed her maiden name on the cover letter to eliminate bias since her husband is a practicing Des Moines physician. A dime was taped to the letter of transmittal to encourage response and a stamped envelope addressed to the Health Planning Council of Central Iowa was enclosed. Each questionnaire

was coded with an invisible fluorescent solution to identify the hospital.

The questionnaires were mailed to the nurses' homes on January 12, 1970. One hundred and thirty-seven (56.51 percent) responded after the first mailing. A reminder letter was sent on January 27, 1970 (two weeks after the original mailing) to everyone in the sample. The letter was an appeal to those who had not returned their questionnaire and at the same time thanked those who had cooperated. The response after the reminder brought in twenty-nine (11.57 percent) more responses. A total of one hundred and sixty-nine (69.83 percent) of the nurses responded, but only one hundred and sixty-seven replies were used in the study. Two questionnaires were not completed sufficiently to be used in the study.

As the returns were received, the information on the survey forms was coded and punched into data processing cards. Percentage tables were devised to show the relative frequency of response. Cross tabulations were made on selected responses and measures of dispersion were also computed.

The analyses of the data from the questionnaire forms were done through the use of 68 variables which were grouped into the following three categories: (1) general characteristics of the population such as age, sex, race, religion, marital status, number of children, age of oldest child, professional training, and the like, (2) factors related

to role satisfaction and (3) factors related to job satisfaction.

Summary of the findings. The major findings of the study are presented in the following sections. First, the findings related to the general characteristics of the respondents are reported. This section is followed by summaries of the major findings concerning the attitudes and perceptions of the respondents relating to role satisfaction. The third section contains the major findings as they related to job satisfaction.

Summary of the general characteristics of the sample. The entire sample was female. They were predominantly white, Protestant, married, and the modal age category was 20-24. Their geographic origin was rural with over one-third of the fathers engaged in farming. Over one-third of the nurses are married to semi-professionals. The majority are diploma school graduates with no advanced training. Staff nurses account for the largest percentage and they work mostly on medical wards. Over half have worked at one or two hospitals since graduation and the same proportion have been employed at the present hospital for three years or less. More than one-half of the nurses are employed full time and "patient care" is listed as taking up most of their time. Almost half of the sample state their families depend on their salary to supply luxuries.

Summary of attitudes and perceptions related to role satisfaction. "Patient care" and "the nature of the work" were reported by the respondents as the "single best thing" about being a hospital nurse. Respondents felt that the same amount of intelligence is required to become a nurse as it does to become a teacher or a social worker. However, they felt that the public views teachers as having higher status than the nurse, but that nurses have higher status in the community than social workers. Over two-thirds of the sample thought the new trend towards the baccalaureate program in nursing does not produce a better nurse. Almost two-thirds of the respondents would encourage their daughters to become nurses, and over half of them chose nursing because it is interesting and challenging. Changes suggested in nursing practice would be more emphasis on patient care and less paper work. Suggested changes in nursing education would be more emphasis on clinical experience and more advanced education for nurses. Over half of the sample would like to be working at the same hospital about 5 years from now, and over two-thirds of the respondents said that if they had it to do over again, they would still enter the nursing profession.

Summary of attitudes and perceptions related to job satisfaction. Forty-six percent of the respondents stated

that hours were the "single worst thing" about being a hospital nurse, and another 25.6 percent said it was insufficient staffing. The "take home" pay for the majority of the sample was \$400-499 per month and almost two-thirds reported they felt their salary was a fair one. Approximately two-thirds of the nurses stated they are satisfied with their present level of responsibility, and that it is possible to move into a higher ranking job in their hospital. The data indicated that over 59 percent of the sample felt that morale on their ward was good, 56 percent felt that there was good communication between the nurses and the nursing office, and over 93 percent felt that most of the doctors in their hospital were pleasant and reasonable to work with. More than 94 percent of the respondents stated that most of the doctors offer constructive criticism if a nurse makes a mistake, and 89 percent thought their immediate supervisors were very fair and pleasant to work with. Nine out of every 10 respondent stated they like their present job, 8 out of every 10 of them thought their hospital was well equipped and maintained, and the same proportion felt that Des Moines hospitals offer the same opportunities as hospitals elsewhere. Ninety-one percent rated their hospital within the categories of good to excellent. Over 44 percent chose the hospital they work in because they graduated from there. On the

negative side, communication between the nurses and the administration was perceived by slightly over 61 percent as poor.

II. CONCLUSIONS

On the basis of the findings of this study, the majority of the registered nurses in the Des Moines hospitals are satisfied with both their role and their job. For the nurses who are dissatisfied, the following discussion may point to some of the reasons.

The writer's investigation of role satisfaction reveals that the lowest percentage of agreement (56.7 percent) was obtained for the item, "Who do you think has the higher status (prestige, respect) in the community, a nurse or a teacher?" Interestingly enough when this same question was put to nurses 15 years ago in the Bressler and Kephart study the percent agreeing that nurses had status that was equal or above that of teachers was 71.4 percent.¹ This represents a drop of 15 percent over this period in the nurses' perceptions of how the community views their role compared to that of teachers. Then looking at the item "Do you think it takes more, about the same, or less intelligence to be a nurse than a teacher?",

¹Bressler and Kephart, op. cit., p. 184.

we find that this estimate has changed only negligibly over the years. The percentage of nurses rating themselves either equal to or above a teacher on intelligence was 96.3 percent, while in the Bressler and Kephart study the percent was 94.4.¹ This sizeable inconsistency between perceived intelligence and perceived status points to a lowering of the nurse's perception of the importance given her role by the community. This finding is not too surprising if one considers the tremendous upsurge of concern for education which followed the Russian's Sputnik feat early in the last decade. Naturally with this emphasis the status of teachers would be expected to rise. The dynamic of this situation is then quite simple. The nurse occupies a role which she perceives as requiring the same amount of intelligence as the role of teacher. At the same time she perceives society as according more status to the teacher, and therefore satisfaction with her role goes down accordingly. This lowering in perceived status and its effects on role satisfaction is also seen in answers to the item, "Knowing what you know now, if you had it to do over again, would you still desire to enter the nursing profession?" In this study 13.6 percent replied in the negative, whereas the previous Bressler and Kephart figures place the percent

¹Ibid.

at 6.7 percent,¹ indicating a drop of nearly 7.0 percent over the last 15 year period in role satisfaction. On an open-ended question about needed changes in education for nurses, a number of nurses complained about the lack of post-graduate training for R.N.'s and the difficulty encountered by a registered nurse when she attempts to go back for a B.S. degree. Perhaps, nurses view better educational opportunities as a way of increasing their professional status.

A second finding of interest related to role satisfaction is that there has been a distinct drop over the last 15 year period in the number of nurses who identify the primary satisfaction of their role as that of some sort of altruistic gratification. Bressler and Kephart referred to this as "altruistic satisfaction" and found 69.7 percent of their sample agreeing that this was the most rewarding aspect of nursing.² In this study the same thing was covered by the category "patient care" and the percentage of agreement 15 years later has dropped to 52.1 percent, a sizeable difference. On this question, the prior study found that the next highest satisfaction came from "application to life" (10.3 percent),³ but times have changed. Today 37.2 percent of those surveyed found the "nature of the work" (keeping abreast of

¹Ibid., p. 31.

²Ibid.

³Ibid.

changes, in medicine, opportunity to learn things every day, challenges, and the like) to be the most satisfying aspect of their role. One may wish to speculate on the reasons for this development. Have we produced a "new breed" of nurse, molded by a technological society to seek gratifications in another realm, or has the status of direct patient care gone down? A recent survey of nurses all over the United States conducted by the American Nurses Association in December of 1969 reveals among its conclusions that, "Direct patient care does not have the prestige it should have within the nursing profession."¹ However, on the basis of the data, it is difficult to say which of these factors may be responsible, or how they both interact.

In reviewing the construct of job satisfaction, it was found that the nature of the answers to one of the role satisfaction items had to be shifted *ex post facto*, because the open ended nature of the question produced responses which fit more appropriately under the other heading. The answer to the item, "What is the single worst thing about being a hospital nurse?" both the Bressler and Kephart study and the present one found the greatest dissatisfaction to revolve around hours.² Since hours are determined by the hospital's

¹American Nurses' Association, op. cit., p. 608.

²Bressler and Kephart, op. cit., p. 18.

needs and did not necessarily belong to the role of nursing itself, these findings are more appropriately discussed as job variables.

As alluded to previously, the hours schedule was the "single worst" factor about the nurse's job, formerly and now. However, this is where the similarity ends. The prior study found the percent to be 28.2 percent¹ whereas the percent of dissatisfaction in the present study soared to 46 percent. The second worst aspect of the job in Bressler and Kephart's investigation was salary, a complaint voiced by 21.9 percent of those who responded,² whereas this ranked sixth in importance for the nurses in this sample, with only 2 percent expressing dissatisfaction with salary. For these nurses, the second ranked single worst thing was "insufficient staffing" (25.6 percent).

Looking at job satisfaction, as assessed from the item "Which of the following most nearly describes your attitude toward your present employment," it was found that the level of satisfaction 15 years ago was very close to that found among the present sample. In the prior study 89.8 percent indicated that they either liked or strongly liked their job,³ and in this study the percent reached 94 percent. It

¹Ibid., p. 21.

²Ibid.

³Ibid., p. 30.

can be said that then as now nurses as a whole like their job, although as it was noted in the discussion of role satisfaction, their reasons for liking it may have shifted considerably.

In rank ordering percentages of agreement on job satisfaction items, it was found that the lowest percentages were obtained on those items relating to staffing, which has already been discussed, and on communication both between the nursing office and nurses and between the administration and the nurses. For the item "Do you feel that there is good communication between the nurses and the nursing office," just over half of them (56.7 percent) felt that communication was good. Thus one may not be far wrong in assuming that poor or unresponsive channels of communication is an important factor contributing to dissatisfaction with the job.

Bressler and Kephart compared the occupations of the nurse's fathers with the current occupation of the nurse's husbands and found the largest percent (32.3) were in the skilled worker classification, whereas in the present study it was farmers (35.9 percent). Husbands in the former study had the highest representation in the professional and managerial category (46.5 percent).¹ This study also had the highest in that group with 37.2 percent. Therefore, this study concurs with Bressler and Kephart's that married nurses

¹Ibid., p. 122.

tend to improve their social class position after entering the nursing profession.

Comparisons were made with specific items from other related research. Stewart and Needham found that 105 out of 107 of their sample would recommend nursing as a career to their daughter,¹ Bressler and Kephart found almost 6 out of every 10,² and the present study found 116 out of a sample of 167. The data from the present study support that of Bressler and Kephart.

Eighty-one percent of the staff nurses in the Stewart and Needham study did not wish to be promoted to higher positions,³ 60.8 percent from Bressler and Kephart's survey,⁴ and 76.8 from this study. Forty-five percent of the staff nurses in the Stewart and Needham research said they would like to continue nursing 5 years from now, and another 45 percent said they would like to stay at home.⁵ The present study found a much higher percent (61.2) would like to continue nursing 5 years from now, and only 26.1 percent would like to retire or stay at home.

¹Stewart and Needham, op. cit., p. 24.

²Bressler and Kephart, op. cit., p. 32.

³Stewart and Needham, op. cit., p. 22.

⁴Bressler and Kephart, op. cit., p. 28.

⁵Stewart and Needham, op. cit., p. 27.

Bullock found that job satisfaction was lowest among staff nurses¹ but the present study found they scored slightly higher than supervisors and head nurses.

Bullock concluded in his study on nurses that "there is a genuine correlation between the nurses' satisfaction with the job and her generalized estimate of public opinion regarding the occupation and its personnel."² Unfortunately he did not distinguish between job and role satisfaction and it is the writer's opinion that he is actually referring to role satisfaction. In this context, the writer concurs with his findings.

The present study, which was done on a local level, was also compared with that of the American Nurses' Association survey in 1969. Forty percent of this sample were less than 30 years old as compared to the majority (45 percent) in the ANA sample. The national group had 1 percent male, 2 percent black and 1 percent were from other races, while this group was entirely female with less than 1 percent black. Ninety-seven percent were diploma school graduates and there were 74 percent from the national group. The national survey found that nurses live and work in large and small cities, and only 10 percent were rural, whereas 7 percent of this sample

¹Bullock, op. cit., p. 102.

²Ibid., p. 33.

were classified as rural. Forty-five percent of the former state their salary is necessary to support themselves or others, as compared with 35 percent in this group.¹ The over-all picture of the national survey appeared to be quite similar in many respects to the present local one.

Data from this study were also compared to the typologies of nurses developed by Habenstein and Christ which are essentially attitudes nurses have towards their job. The "professionalizer," whom the authors describe as the nurse who focuses not so much on the patient as on the mechanical and psychological techniques that must be used to facilitate the healing process, resemble in the writer's opinion the 37.5 respondents who stated the "single best" thing about being a hospital nurse is the "nature of the work." The "traditionalizer," who focuses on the patient as an individual and as a personality to whom she brings the healing arts, could very well be the 52.1 percent in the sample who stated the "single best" thing about being a hospital nurse is patient care. The 7.6 percent who mentioned salary or hours may resemble the "utilizer," whose main concern is the job and getting it done adequately.²

¹American Nurses' Association, op. cit., pp. 808-815.

²Habenstein and Christ, op. cit., pp. 45-46.

Reissman and Rohrer's typologies for registered nurses which reflect reasons for entering or remaining in hospital work may be compared to respondents who stated what they would like to be doing in about 5 years from now. The "dedicated" nurse described as one who entered hospital employment for altruistic reasons and wished to remain there, is represented (in the writer's opinion) by the 54.8 percent who stated they would like to be nursing at the same hospital. The "converted," described as one who happened to take a position in the hospital without much enthusiasm but developed a strong interest in the work and hoped to continue on the job, may also fit this category. The "disenchanted" nurse pictured as entering the hospital because of positive motivations, but experiencing disappointment, hoped to leave the job for another more appealing to her. This type may be represented by the 10.8 percent in the sample who reported they would like to get a different job. The "migrant" described as showing the least identification with or personal concern for the hospital or her work in it, would also be in the above category.¹

The findings of this study agree to some extent with the analysis of the nursing profession by Saunders who has stated that "there has been a moving away from a concentration

¹Reissman and Rhorer, op. cit., p. 169.

on sick people to a concentration on the mechanical and technical aspects of therapy and care."¹

III. RECOMMENDATIONS AND SUGGESTIONS FOR FURTHER STUDY

Job satisfaction.

1. Increased recruitment of nurses and retaining currently employed nurses can best be accomplished by making the nursing profession more attractive. More specifically, investigate more agreeable assignment of working hours, and improved staffing patterns by more efficient use of auxiliary medical personnel, so the graduate nurse can devote a larger portion of the working day to tasks requiring her specialized, professional skills.
2. Improve channels of communication between the nurse and director of nursing service and administration.
3. Tapping under-represented population groups as applicants for nursing schools and subsequent work in the profession. These include Negroes, Jews, married women, males (perhaps including medical corps men) and older women.

Role satisfaction.

1. Increase the status of the professional nurse by

¹Saunders, op. cit., p. 1098.

emphasizing her intelligence, training and skills by a process of educating the general public.

2. Investigate areas in which nurses desire more advanced education and make it available to them.

While these recommendations are not original, and Des Moines hospitals have made efforts to make the nursing profession more attractive, continued pursuit of these objectives is indicated.

Suggestions for further research. Would the findings of this study be the same or similar if the sample had the same proportion of baccalaureate degree nurses as diploma school graduates? Would the findings of this study be the same or similar if the sample was drawn from a list of nurses who left hospital employment a year ago? These and many other questions may be raised as a result of the present study.

The writer suggests replication of the study two years from now to determine which nurses left hospital employment and then go back to the original data and compare their responses. A replication of this study on the licensed practical nurses and aides may also provide some useful information on role and job satisfaction.

The present study has been broad in scope and primarily exploratory in nature. Those aspects of the problem which have been shown to be of major importance should be subjected

to continuing and specifically focused research. Many of the problems today which confront hospital administrators and others interested in health manpower have only tentative and temporary solutions since both the problems and solutions change with time and the accumulation of knowledge.

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APPENDIX

January 12, 1970

SUBJECT: RESEARCH PROJECT ON THE NURSING PROFESSION

Dear Registered Nurse:

Would you be willing to contribute about ten minutes of your time to help the nursing profession? We are confident that you would--that is why we are asking you to have a cup of coffee or a coke on us while you complete and return this questionnaire.

With the increased demand for health care, nurses have become more important than ever within the hospital structure. That is why we are asking the registered nurse herself to tell us how she feels about her own profession--her problems, her likes and dislikes, her personal interests; in short, all those things that characterize her as a nurse and as a person.

We are conducting a survey through random sampling of the registered nurses in the Des Moines hospitals with the hope of learning how to keep our nurses in nursing (administrators of Des Moines' community general hospitals are cooperating with this study). We assure you that we will hold your replies in the strictest confidence. No one will ever know what answers you, personally, have given.

Please answer every question and return the questionnaire by January 19th, if possible, in the stamped envelope we have provided for your convenience. The enclosed business card, which was designed to briefly describe the function and purpose of the Health Planning Council of Central Iowa, is provided for your information.

Our sincere thanks for your cooperation.

Sincerely yours,

L. E. Grosser, R.N.

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QUESTIONNAIRE

1. How long have you lived in Des Moines? Years____Months____
2. Where did you spend most of your pre-adult years?
 - a) In the country____
 - b) In a small town or village____
 - c) In a city of 10,000 population or less____
 - d) In a city of 10,000 to 100,000____
 - e) In a city of over 100,000____
3. When you were growing up (prior to entering Nursing School) how many brothers did you have?____How many sisters?____
4. What was your father's occupation at the time you entered Nursing School?_____
5. What is your religion?
 - a) Catholic____
 - b) Protestant____
 - c) Jewish____
 - d) None____
 - e) Other than any of the above____
6. About how many times a month do you usually attend church?
 - a) Once____
 - b) Twice____
 - c) Three times____
 - d) Four times or more____
 - e) Not at all____
7. What is your marital status?
 - a) Single____
 - b) Married____
 - c) Widowed____
 - d) Divorced____
 - e) Separated____
8. If you are married, what is your husband's occupation?_____
9. If you have children, what are their ages? _____
10. Which of the following most nearly describes your economic situation?
 - a) I am single and support only myself____
 - b) I am single and help support my family____
 - c) I am married and my family depends on my salary to support them____

- d) I am married and my family depends on my salary to supply luxuries____
e) My family does not depend on my financial contribution____
11. Race: a) White____
b) Black____
c) Other____
12. What is your age? 20-24____ 45-49____
25-29____ 50-54____
30-34____ 55-59____
35-39____ 60-64____
40-44____ 65+____
13. How many years have you been a Registered Nurse? Years____
14. How many years and months have you worked at this hospital?
Years____Months____
15. Where did you work before you came to this hospital?
a) Another hospital in this city____
b) Another hospital in another city____
c) Non-hospital employment____
please specify_____
16. Do you work full time____ or part time____?
17. What type of nursing school did you graduate from?
a) Diploma____
b) Baccalaureate____
c) Other (please specify)_____
18. Check below the highest grade completed:
a) R.N.____
b) College 1 2 3 4 years
c) M.A.____
d) Ph.D.____
19. What advanced training have you had?
a) Coronary Care____
b) Psychiatric____
c) Intensive Care____
d) Other (specify)____
e) None

20. In which type of ward or service are you presently working?
- a) Medical_____
 - b) Surgical_____
 - c) Coronary Care_____
 - d) Psychiatric_____
 - e) Maternity_____
 - f) Orthopedic_____
 - g) Rehabilitation_____
 - h) Other (please specify)_____
21. What is your job title?
- a) Supervisor_____
 - b) Assistant Supervisor_____
 - c) Head Nurse_____
 - d) Staff Nurse_____
 - e) Other (please specify)_____
22. Which of the following most nearly describes your attitude toward your present employment situation?
- a) strongly like my present job_____
 - b) like my present job_____
 - c) neither like nor dislike my present job_____
 - d) dislike my present job_____
 - e) strongly dislike my present job_____
23. Would you like to hold a higher ranking job, or are you satisfied with your present level of responsibility?
24. In your hospital, is it possible for you to move into a higher ranking job? Yes____No____
25. Which of the following takes up most of your time?
- a) Direct patient care_____
 - b) Educational duties_____
 - c) Administrative duties_____
 - d) Supervisory responsibilities_____
26. What is the total number of hospitals in which you have been employed since becoming an R.N.?_____
27. Do you think nursing care on your ward is:
- a) Very good_____
 - b) Good_____
 - c) Adequate_____
 - d) Inadequate_____
 - e) Poor_____
28. Do you feel that the aides and orderlies are adequately trained in your hospital? Yes____No____

29. Do you think the morale on your ward is:
a) Excellent____
b) Good____
c) Average____
d) Poor____
e) No opinion____
30. Do you feel that there is good communication between the nurses and the administration? Yes____No____
31. Do you feel that there is good communication between the nurses and the nursing office? Yes____No____
32. Do you feel that the nursing office is concerned for the nurse's individual circumstances in regard to vacation time and working hours?
a) All of the time____
b) Most of the time____
c) Half of the time____
d) Occasionally____
e) Never____
33. Do you think your hospital is well equipped and maintained? Yes____No____
34. In comparison with other hospitals in this area, how would you rate the hospital in which you work?
a) Excellent____
b) Good____
c) Adequate____
d) Fair____
e) Poor____
35. Do you feel that Des Moines hospitals offer the same opportunities (job) as hospitals elsewhere? Yes____No____
36. Why did you choose this hospital to work in?_____

37. Do you feel that the doctors in your hospital are competent?
a) All of them____
b) Most of them____
c) Half of them____
d) A few of them____
e) None of them____

38. Are the doctors in your hospital pleasant and reasonable to work with?
a) All of them____
b) Most of them____
c) Half of them____
d) A few of them____
e) None of them____
39. Do doctors offer constructive criticism if a nurse makes a mistake?
a) All of them____
b) Most of them____
c) Half of them____
d) A few of them____
e) None of them____
40. Do you feel that doctors shift too much responsibility on the nurse?
a) All of them____
b) Most of them____
c) Half of them____
d) A few of them____
e) None of them____
41. Do you feel that your immediate supervisor is very fair and pleasant to work with?
a) All of the time____
b) Most of the time____
c) Some of the time____
d) Rarely____
e) Never____
42. When you were first employed at this hospital, were your duties and responsibilities clearly explained to you?
Yes____ No____
43. Were conditions of work, salary, hours of work, other benefits, etc. clearly explained to you? Yes____ No____
44. Have working conditions, hours, or place of work been changed in a way which you dislike, or is it different than promised you originally? Yes____ No____
If "Yes," please explain _____

45. Are you expected to rotate shifts? Yes____ No____
If "No," what shift do you work?
7-3:30____
3-11:30____
11-7:30____

46. Do you feel that suggestions you make are given fair and thoughtful consideration and are implemented?
a) All of the time____
b) Most of the time____
c) Some of the time____
d) Rarely____
e) Never____
47. Do you feel that you have adequate staffing for your shift (R.N.s, L.P.N.s, and Aides)?
a) All of the time____
b) Most of the time____
c) Some of the time____
d) Rarely____
e) Never____
48. Do you feel that you should have more responsibility and freedom in making decisions on your job? Yes____ No____
49. Do you feel that practical nurses should be given more responsibility? Yes____ No____
50. Do you think it takes more, about the same, or less intelligence to be a nurse than a teacher?
a) Nursing takes more intelligence____
b) Teaching takes more intelligence____
c) Both take the same intelligence____
51. Do you think it takes more, about the same, or less intelligence to be a nurse than a social worker?
a) Nursing takes more intelligence____
b) Social work takes more intelligence____
c) Both take the same intelligence____
52. Who do you think has the higher status (prestige, respect) in the community, a nurse or a teacher?
a) Nurse has higher status____
b) Teacher has higher status____
c) Both have the same status____
53. Who do you think has the higher status in the community, a nurse or a social worker?
a) Nurse has higher status____
b) Social worker has higher status____
c) Both have the same status____
54. Do you feel the new trend towards the baccalaureate (B.S.) program produces a better nurse? Yes____ No____

55. Would you encourage your daughter, a relative, or a good friend to become a nurse? Yes___ No___
56. Why did you decide to become a nurse? Check the one that you feel is the most accurate.
- a) It offers emotional satisfaction___
 - b) It is a good preparation for marriage___
 - c) It offers opportunity to supplement family income___
 - d) It is interesting and challenging___
 - e) I knew someone who was a nurse___
 - f) Other reason (specify)_____
57. All things considered, what would you say is the single best thing about being a hospital nurse?
58. All things considered, what would you say is the single worst thing about being a hospital nurse? _____
59. If it were up to you, what changes would you make in nursing education? _____
60. If it were up to you, what changes would you make in nursing practice? _____
61. If you could have your way, what would you most like to be doing about 5 years from now?
- a) Working at the same hospital___
 - b) Nursing in another hospital___
 - c) Stay at home___
 - d) Retire___
 - e) Get a different job___
 - f) Other (specify)_____
62. Knowing what you know now, if you had it to do over again, would you still desire to enter the nursing profession?
Yes___ No___ Undecided___
63. What is your "take home" pay per month?
- | | | |
|-----------------|-----------------|-----------------|
| a) 0-\$99___ | e) \$400-499___ | i) \$800-899___ |
| b) \$100-199___ | f) \$500-599___ | j) \$900-999___ |
| c) \$200-299___ | g) \$600-699___ | k) \$1000+___ |
| d) \$300-399___ | h) \$700-799___ | |
64. Do you think this is a fair salary? Yes___ No___

65. Have you ever had any contact with the Health Planning Council?
66. Have you previously known what function the Health Planning Council serves? Yes___ No___



HEALTH PLANNING COUNCIL
OF CENTRAL IOWA

418-7th St., Securities Bldg. • Des Moines, Iowa 50309
Phone: Area Code 515 243-5122

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January 27, 1970

SUBJECT: RESEARCH PROJECT ON THE NURSING PROFESSION

Dear Registered Nurse:

A few weeks ago we sent a questionnaire on the nursing profession to a random sampling of the registered nurses in the Des Moines hospitals with the hope of learning how to keep our nurses in hospital nursing. The number of replies we have received has been beyond our expectations but we are anxious to have a 100% return. We know how easy it is to "put off" filling out a questionnaire--even when it comes to your own profession. We also know that nurses are very busy people. In any case, we are appealing to you again to complete your questionnaire and return it to us at your earliest convenience. If you have already done so, please accept our hearty appreciation for your help in what we hope will be a very worthwhile project.

Sincerely yours,

L. E. Grosser, R.N.

P.S. If you have misplaced the questionnaire and need another, please feel free to telephone the Health Planning Council of Central Iowa at 243-5122 and we will send you another copy.

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TABLE VIII
 BACKGROUND FACTORS OF REGISTERED NURSES
 IN DES MOINES, IOWA, 1970,
 BY NUMBERS AND PERCENT

ITEM: How long have you lived in Des Moines?	Number of responses (N=166)	Percent of responses
0-4 years	41	24.1
5-9	35	21.1
10-14	18	10.8
15-19	20	12.1
20-24	18	10.8
25-29	10	6.1
30-34	7	4.2
35-39	2	1.2
40-44	4	2.4
45-49	1	0.6
Live outside D.M.	10	6.6
Total	166	100.0
No response	1	

TABLE IX
 BACKGROUND FACTORS OF REGISTERED NURSES
 IN DES MOINES, IOWA, 1970,
 BY NUMBERS AND PERCENT

ITEM: When you were growing up, how many brothers and sisters did you have?	Number of responses (N=165)	Percent of responses
0 siblings	11	7.2
1	40	24.2
2	42	25.4
3	34	20.6
4	11	6.6
5	15	9.1
6	2	1.2
7	2	1.2
8	2	1.2
9	5	3.0
10	---	---
11	---	---
12	1	0.6
Total	165	100.0
No response	2	

TABLE XII

EDUCATION OF REGISTERED NURSES
IN DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

Type of Nursing School	Number of responses (N=167)	Percent of responses
Diploma	162	97.0
Baccalaureate	5	3.0
Total	167	

TABLE XLIX

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF COMPETENCE OF CO-WORKERS,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Do you feel that the aides and orderlies are adequately trained in your hospital?	Number of responses (N=165)	Percent of responses
Yes	103	62.4
No	62	37.6
Total	165	100.0
No response	2	

TABLE LI

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF COMPETENCE OF CO-WORKERS,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Do you feel that practical nurses should be given more responsibility?	Number of responses (N=160)	Percent of responses
Yes	31	19.3
No	129	80.1
Total	160	100.0
No response	7	

TABLE LIII

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR HOSPITAL,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Do you think your hospital is well equipped and maintained?	Number of responses (N=166)	Percent of responses
Yes	134	80.7
No	32	19.3
Total	166	100.0
No response	1	

TABLE LV

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR HOSPITAL,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Do you feel that Des Moines hospitals offer the same opportunities as hospitals elsewhere?	Number of responses (N=151)	Percent of responses
Yes	124	82.1
No	27	17.9
Total	151	100.0
No response	16	

TABLE LX

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF THEIR HOSPITAL,
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: When you were first employed at this hospital were your duties and respon- sibilities clearly explained to you?	Number of responses (N=165)	Percent of responses
Yes	110	66.7
No	55	33.3
Total	165	100.0
No response	2	

TABLE LXI

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF PERSONNEL POLICIES
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Were conditions of work, salary, hours of work, and other benefits clearly explained to you?	Number of responses (N=166)	Percent of responses
Yes	123	74.1
No	42	25.3
Total	166	100.0
No response	1	

TABLE LXII

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF PERSONNEL POLICIES
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Have working conditions, hours, or place of work been changed in a way which you dislike or is it different than promised you originally?	Number of responses (N=166)	Percent of responses
Yes	35	21.1
No	131	78.9
Total	166	100.0
No response	1	

TABLE LXIV

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF PERSONNEL POLICIES
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Are you expected to rotate shifts?	Number of responses (N=167)	Percent of responses
Yes	12	7.2
No	155	92.8
Total	167	

TABLE LXV

JOB SATISFACTION OF REGISTERED NURSES AS MEASURED
BY THEIR EVALUATION OF PERSONNEL POLICIES
DES MOINES, IOWA, 1970,
BY NUMBERS AND PERCENT

ITEM: Do you feel that you should have more responsibility and freedom in making decisions on your job?	Number of responses (N=165)	Percent of responses
Yes	29	17.9
No	136	82.4
Total	165	100.0
No response	2	

TABLE LXVII

RANK-ORDER OF RESPONSES TO ROLE SATISFACTION
OF REGISTERED NURSES, DES MOINES, IOWA,
1970

Item	Number of responses	Percent of responses
Do you think it takes more, about the same, or less intelligence to be a nurse than a social worker? (more, the same)	161	98.8
Do you think it takes more, about the same, or less intelligence to be a nurse than a teacher? (more, the same)	158	96.3
Do you feel the new trend towards the baccalaureate (B.S.) program produces a better nurse? ("No" response)	132	83.0
Knowing what you know now, if you had it to do over again, would you still desire to enter the nursing profession? ("Yes" response)	127	81.9
Would you encourage your daughter, a relative, or a good friend to become a nurse? ("Yes" response)	116	72.5
Who do you think has the higher status in the community, a nurse or a social worker? (Nurse higher, same)	115	71.4

TABLE LXVII (continued)

Item	Number of responses	Percent of responses
If you could have your way, what would you like most to be doing about 5 years from now? (Working at the same hospital, nursing at another hospital, teaching or administration)	99	63.1
Who do you think has the higher status (prestige, respect) in the community, a nurse or a teacher? (Nurse has higher, same)	93	56.7

TABLE LXVIII

RANK-ORDER OF RESPONSES TO JOB SATISFACTION
OF REGISTERED NURSES, DES MOINES, IOWA,
1970

Item	Number of responses	Percent of responses
Do you feel that the doctors in your hospital are competent? (All of them, most of them)	161	97.6
Which of the following most nearly describes your present employment situation? (Strongly like my present job, like my present job)	157	94.0
Do you feel the doctors in your hospital are pleasant and reasonable to work with? (All of them, most of them)	156	94.0
Are you expected to rotate shifts? ("No" response)	155	92.8
In comparison with other hospitals in this area, how would you rate the hospital in which you work? (Excellent, good)	143	91.0
Do you feel that your immediate supervisor is very fair and pleasant to work with? (All the time, most of the time)	149	89.2
Do you think nursing care on your ward is very good, good, adequate, inadequate or poor? (Very good, good)	138	84.6
Do you feel that you should have more responsibility and freedom in making decisions on your job? (("No" response)	136	82.4

TABLE LXVIII (continued)

Item	Number of responses	Percent of responses
Do you feel that Des Moines hospitals offer the same opportunities as hospitals elsewhere? ("Yes" response)	124	82.1
Do you think your hospital is well equipped and maintained? ("Yes" response)	134	80.7
Do you feel that practical nurses should be given more responsibility? ("No" response)	129	80.1
Have working conditions, hours, or place of work been changed in a way which you dislike or is it different than promised you originally? ("No" response)	131	78.9
Would you like to hold a higher ranking job, or are you satisfied with your present level of responsibility? (Satisfied)	126	76.8
In your hospital, is it possible for you to move into a higher ranking job? ("Yes" response)	122	74.4
Do you think the salary you are receiving is fair? ("Yes" response)	123	74.1
Were conditions of work, salary, hours of work, other benefits, etc. clearly explained to you? ("Yes" response)	123	74.1

TABLE LXVIII (continued)

151

Item	Number of responses	Percent of responses
Do you feel that doctors shift too much responsibility on the nurse? (A few of them, none of them)	124	65.8
When you were first employed at this hospital were your duties and responsibilities clearly explained to you? ("Yes" response)	110	66.7
Do you feel that the nursing office is concerned for the nurses' individual circumstances in regard to vacation time and working hours? (All of the time, most of the time)	109	66.5
Do doctors offer constructive criticism if a nurse makes a mistake? (All of them, most of them)	104	62.6
Do you feel that the aides and orderlies are adequately trained in your hospital? ("Yes" response)	103	62.4
Do you think the morale on your ward is excellent, good, average, or poor? (Excellent, good)	100	59.9
Do you feel that there is good communication between the nurses and the nursing office? ("Yes response)	93	56.7

TABLE LXVIII (continued)

Item	Number of responses	Percent of responses
Do you feel that you have adequate staffing for your shift (R.N.s, Aides, etc.) ("Yes" response)	93	56.0
Do you feel that there is good communication between the nurses and the adminis- tration? ("Yes" response)	63	38.7